



## Payslip

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Employee Name	Payroll Relationship Number	Payroll
Halley Lilley	103058864-1	Biweekly
Person Number	Assignment Number	Salary Basis Name
103058864	E103058864	Hourly
Employee Address	Job Title	Tax Reporting Unit Name
2223 S Randolph St Indianapolis, IN 46203 US	Paramedic	Indiana University Health, Inc.
		Tax Reporting Unit Address
		950 N Meridian St Suite 300 Indianapolis, IN 46204 US

Period Type	Period Start Date	Period End Date	Payment Date	Pay Rate
Biweekly	06/19/2022	07/02/2022	07/08/2022	21.63

Summary		
Description	Current	Year to Date
Gross Earnings	3,454.14	27,484.72
Imputed Earnings	0.00	1.37
Pretax Deductions	165.48	1,481.69
Employee Tax Deductions	880.15	6,048.74
Voluntary Deductions	1.80	25.20
Net Payment	2,406.71	19,927.72

Earnings & Hours				
Description	Current Hours	Current Wages	YTD Hours	YTD Wages
CDC - Paid Time Off	0.00	0.00	36.00	720.00
CDC - Paid Time Off Retroactive	0.00	0.00	0.17	3.40
Discretionary Award		0.00		500.00
Education Inservice	6.85	148.17	33.20	688.75
Evening Shift	0.00	0.00	20.55	53.43
Extra Shift Incentive Greater Than or Equal to 14	17.25	1,725.00	17.25	1,725.00
Extra or Extended Shift Bonus MIC Plan		0.00		2,565.90
Group Term Life		0.00		2.56
Group Term Life Retroactive		0.00		-1.19
Holiday Shift	0.00	0.00	12.55	93.50
Low Census-PTO	0.00	0.00	7.57	162.67
Night Shift	0.00	0.00	0.97	2.52
OT Premium Retro Active		0.00		13.24
Orientation	0.00	0.00	26.17	523.40
Paid Time Off	0.00	0.00	59.44	1,251.86
Paid Time Off Retroactive	0.00	0.00	-0.17	-3.40
Regular	66.80	1,444.89	827.32	17,431.39
Weekend Shift	33.60	136.08	197.60	800.29



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Low Census-No Pay	0.00	28.90
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Earnings Breakdown			
Description	Hours	Rate	Current
Education Inservice	6.85	21.63	148.17
Extra Shift Incentive Greater Than or Equal to 14	17.25	100.00	1,725.00
Regular	66.80	21.63	1,444.89
Weekend Shift	33.60	4.05	136.08

Taxes and Deductions		
Description	Current	Year to Date
<b>Taxes</b>		
FIT Withheld	445.35	2,610.26
Social Security Employee Withheld	212.47	1,680.35
Medicare Employee Withheld	49.68	392.98
SIT Withheld (IN)	106.22	839.89
County Withheld (IN,Marion)	66.43	525.26
<b>Before tax deductions</b>		
Basic Option Dental EE Pre Tax	2.11	29.54
HSA Medical Saver EE Pre Tax	25.20	352.80
IUH 401k	138.17	1,099.35
<b>After tax deductions</b>		
IUH Supp Life EE Ded	1.80	25.20

Net Pay Distribution				
Check/Deposit Number	Bank Name	Branch Name	Account Number	Payment Amount
1520778119	PNC BANK	PNC BANK, NA - 071921891	XXXXXX2912	2,406.71

Tax Withholding Information			
Type	Marital Status	Total Dependent Amount	Extra Withholding
FEDERAL	Single or Married filing separately	0.00	0.00

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
IN		0	0.00

Benefit Hours Available	Balance
GFB Balance	
PTO Balance	29.07
IPB Balance	