



Payslip

Page: 1 of 2

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	06/05/2022	06/18/2022	06/24/2022	21.63

Summary		
Description	Current	Year to Date
Gross Earnings	1,083.74	24,030.58
Imputed Earnings	0.30	1.37
Pretax Deductions	70.65	1,316.21
Employee Tax Deductions	187.89	5,168.59
Voluntary Deductions	1.80	23.40
Net Payment	823.10	17,521.01

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	0.00	0.00	26.35	540.58
Evening Shift	0.00	0.00	20.55	53.43
Extra or Extended Shift Bonus MIC Plan		0.00		2,565.90
Group Term Life		0.30		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	50.09	1,083.44	760.52	15,986.50
Weekend Shift	0.00	0.00	164.00	664.21
Low Census-No Pay	0.00		28.90	



Payslip

Page: 2 of 2

Earnings Breakdown			
Description	Hours	Rate	Current
Regular	50.09	21.63	1,083.44

Taxes and Deductions		
Description	Current	Year to Date
Taxes		
Social Security Employee Withheld	65.49	1,467.88
FIT Withheld	53.90	2,164.91
Medicare Employee Withheld	15.32	343.30
SIT Withheld (IN)	32.72	733.67
County Withheld (IN,Marion)	20.46	458.83
Before tax deductions		
Basic Option Dental EE Pre Tax	2.11	27.43
HSA Medical Saver EE Pre Tax	25.20	327.60
IUH 401k	43.34	961.18
After tax deductions		
IUH Supp Life EE Ded	1.80	23.40

Net Pay Distribution				
Check/Deposit Number	Bank Name	Branch Name	Account Number	Payment Amount
1472360123	PNC BANK	PNC BANK, NA - 071921891	XXXXXX2912	823.10

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	22.55
IPB Balance	