Employee Profile	Velorynt Labs Company (37546)	Period:	12/17/2024 to 12/26/2024	Page 71
------------------	----------------------------------	---------	--------------------------	------------

# **Joel Dorsey**

1420 Brookview Clarkville, MA 76911	v Lane		1121 93-9317 980(44)	Status Position Title	T	Emp Type Statutory Seasonal	0.00 0.00	Home # Work # Ext.	7548815882
		Gender	M	Pay Group		Domestic Emp	No	Email	
		Marital Status	S	Job Code		Probation	0.00	Mail Stop	
Hire Date 0	07/27/2023	Visa Type		Tax Form	W2	Union		Nickname	
Rehire Date		Exp		WCC	8810	Union Date		surname	
Term Date 0	09/01/2023	Citizen		EEOC		Collect Dues	No	Prior Last	
Term Reason	N/A	I9 Verified	No	Supervisor ID		Paid Init. Fees	No	Disability	
Adj Sen Date		I9 Reverify		Name		Veteran		Smoker	No
Pension	No	Deceased	No	Def Comp	No	Legal Rep	No		
Rehire Date Term Date Term Reason Adj Sen Date Pension	09/01/2023 N/A	Visa Type Exp Citizen 19 Verified 19 Reverify Deceased	No	Job Code  Tax Form WCC EEOC Supervisor ID Name	8810	Probation  Union Union Date Collect Dues Paid Init. Fees Veteran	No No	Nickname surname Prior Last Disability	

### Rate/Salary Information

AutoPay		RateCode	Description	Rate	Salary	Effective Dates	Locations	606
Pay Frequency	B	Base	Base Rate	18.00		08/04/2023 to 12/31/2100	Positions	700
OT Exempt	No							
Default Hours	0.00							

### Tax Information

Employee Tax		Status	Add'l Amount	Effective Dates	Default	Employer Tax	Effective Dates	Default
MED	Medicare		0.00	08/04/2023 td2/31/2100	Yes	MED-R Medicare - Empl	oyer 08/04/2023 to 12/31/2100	
SS	OASDI		0.00	08/04/2023 t·12/31/2100	Yes	SS-R OASDI - Employ	ver 08/04/2023 to 12/31/2100	
FITW	Federal Income Tax	S-0	0.00	08/04/2023 t·12/31/2100	Yes	FUTA Fed Unemploym	ent 08/04/2023 to 12/31/2100	
MN	Minnesota SITW	S-1	0.00	07/31/2023 t12/31/2100	Yes	MNAST Minnesota Feder	al Lo 08/04/2023 to 12/31/2100	
-						MNDW Workforce Enhan	ncem 08/04/2023 to 12/31/2100	
						MNSUI Minnesota SUI	08/04/2023 to 12/31/2100	

#### **Deduction Information**

No Deduction Information

## **AutoPay Information**

No AutoPay Information

## **Direct Deposit Information**

Sequence 1	No. Transit No. Account No.	Checking?	Account Name	Amount Code	Amount Prenote Date	Effective I	Dates Exclude Special
99.00	296076301 5589890010	Yes	Joel Dorsey	%	100.00 07/31/2023	07/31/2023 to 1	2/31/2100 No

### **Labor Allocation Information**

No Labor Allocation Information

### **Fringe Benefit Information**

No Fringe Benefit Information

#### **Benefit Accrual Information**

BCode	Rate	Amount Hours	Max/Carryover Max Length of Service	Hours: Used/Avail/Total/Prob	Dollars: Used/Avail/Total/Prob	Effective Dates
PTO1	0.00	0.00 0.00	0.00/0.00	0.00/0.00/0.00/13.86	0.00/0.00/0.00/249.48	07/27/2023 to 12/31/2100

### 401k Detail Information

No 401k Detail Information

## **Review Information**

No Review Information

## **Emergency Contact Information**

Name	Relationship	Home Phone	Work Phone	Address	City	State Zip	Country
Michel Richard		667-577-7708					

CBIZ HCM Phone: (800) 815-3023 Fax: (877) 282-3016 Run Date: 12/26/24 Locations Positions Employee 11:06 AM

Dorsey