

Payroll Period Ending 01/19/20 - 02/01/20		Check Date 02/07/20														
Staff Member	USJP HOURS	Total Hours	Time Allocation (%)	Total Salary	USJP Salary		ER Taxes Monthly Allocation	Payroll Fees Monthly Allocation	Monthly Health Ins. Medical	Bi-weekly Medical Deduction	Dental & Life Insurance	Biweekly Dental Insur Deduction	W/Comp Monthly Allocation	Pension	Enter other	Total Benefits
COO Patricia Sermon - Admin	14.00	70.00	20%	\$ 3,461.54	\$ 692.31					\$ (19.72)		(1.59)				\$ (21.31)
Director Gwendolyn Morris - Admin	29.00	70.00	41%	\$ 2,500.00	\$ 1,035.71					\$ (39.53)		(1.36)				\$ (40.89)
Director Gwendolyn Morris - Program	41.00	70.00	59%	\$ -	\$ 1,464.29					\$ (55.89)		(1.92)				\$ (57.81)
Site Coordinator (Essex) Rahmel Leake - Program	70.00	70.00	100%	\$ 1,538.47	\$ 1,538.47					\$ -						\$ -
Site Coordinator (Passaic) Irene Cerna - Program	65.50	65.50	100%	\$ 1,079.68	\$ 1,079.68					\$ (98.62)		(3.28)				\$ (101.90)
Site Coordinator (Morris) Armanda Johnson - Program	49.00	49.00	100%	\$ 706.58	\$ 706.58					\$ -						\$ -
Program Assistant Joanna Martinez - Admin	23.50	70.00	34%	\$ 1,538.47	\$ 516.49					\$ (41.28)		(4.82)				\$ (46.10)
Program Assistant Joanna Martinez - Program	43.00	70.00	61%		\$ 945.06					\$ (75.54)		(8.82)				\$ (84.35)
Total				\$ 10,824.74	\$ 7,978.59		\$ -	\$ -	\$ -	\$ (330.59)	\$ -	\$ (21.78)	\$ -	\$ -	\$ -	\$ (352.37)

Payroll Period Ending	02/02/20 - 02/15/20	Check Date	02/21/20													
Staff Member	USJP HOURS	Total Hours	Time Allocation (%)	Total Salary	USJP Salary		ER Taxes Monthly Allocation	Payroll Fees Monthly Allocation	Monthly Health Ins. Medical	Bi-weekly Medical Deduction	Dental & Life Insurance	Biweekly Dental Insur Deduction	W/Comp Monthly Allocation	Pension	Enter other	Total Benefits
COO Patricia Sermon - Admin	14.00	70.00	20%	\$ 3,461.54	\$ 692.31					\$ (19.72)		(1.59)				\$ (21.31)
Director Gwendolyn Morris - Admin	29.00	70.00	41%	\$ 2,500.00	\$ 1,035.71					\$ (39.53)		(1.36)				\$ (40.89)
Director Gwendolyn Morris - Program	41.00	70.00	59%	\$ -	\$ 1,464.29					\$ (55.89)		(1.92)				\$ (57.81)
Site Coordinator (Essex) Rahmel Leake - Program	70.00	70.00	100%	\$ 1,538.46	\$ 1,538.46					\$ -						\$ -
Site Coordinator (Passaic) Irene Cerna - Program	57.00	57.00	100%	\$ 939.56	\$ 939.56					\$ (98.62)		(3.28)				\$ (101.90)
Site Coordinator (Morris) Armanda Johnson - Program	52.00	52.00	100%	\$ 749.84	\$ 749.84					\$ -						\$ -
Program Assistant Joanna Martinez - Admin	23.50	70.00	34%	\$ 1,538.47	\$ 516.49					\$ (41.28)		(4.82)				\$ (46.10)
Program Assistant Joanna Martinez - Program	43.00	70.00	61%		\$ 945.06					\$ (75.54)		(8.82)				\$ (84.35)
Total				\$ 10,727.87	\$ 7,881.72		\$ -	\$ -	\$ -	\$ (330.59)	\$ -	\$ (21.78)	\$ -	\$ -	\$ -	\$ (352.37)

Monthly Total for February 2020

[illegible]

USJP Staff

Sorted on Employee Name
Period Ending: 02/01/2020
Check Date: 02/07/2020
Transaction: 0923658C9

Employee	Earnings	Rate	Hours/Units	Amount	Taxes		Deductions		Net Pay <input type="checkbox"/>	
CERNA, IRENE Code: A04I Tax Profile: 1 - NJ/NJ/NJ	Regular	16.48	58.50	964.29	Federal W/H (S)	102.20	Delta Dental	3.28	Direct Deposit Net Check	764.68
	Holiday	16.48	7.00	115.39	Medicare	14.17	Health Insurance	98.62	NET PAY	764.68
	GROSS			1,079.68	Social Security	60.62				
					NJ State W/H (S/1)	26.98				
					New Jersey EE Family Leave Ins	1.73				
					New Jersey EE Disability Insurance	2.81				
					New Jersey EE SUI/WF/SWF	4.59				
JOHNSON, ARMANDA Code: A04T Tax Profile: 1 - NJ/NJ/NJ	Regular	14.42	49.00	706.58	Federal W/H (S)	22.97			Direct Deposit Net Check	614.13
	GROSS			706.58	Medicare	10.25			NET PAY	614.13
					Social Security	43.81				
					NJ State W/H (S/2)	9.45				
					New Jersey EE Family Leave Ins	1.13				
					New Jersey EE Disability Insurance	1.84				
					New Jersey EE SUI/WF/SWF	3.00				
LEAKE, RAHMEL Code: A06N Tax Profile: 1 - NJ/NJ/NJ	Regular	21.98	63.00	1,384.62	Medicare	22.30			Direct Deposit Net Check	1,378.70
	Holiday	21.98	7.00	153.85	Social Security	95.39			NET PAY	1,378.70
	GROSS			1,538.47	NJ State W/H (S/1)	29.08				
					New Jersey EE Family Leave Ins	2.46				
					New Jersey EE Disability Insurance	4.00				
					New Jersey EE SUI/WF/SWF	6.54				
MARTINEZ, JOANNA Code: A03Z Tax Profile: 1 - NJ/NJ/NJ	Regular	21.98	63.00	1,384.63	Federal W/H (S)	103.31	Accident Aftertax	25.62	Direct Deposit Net Check	1,121.45
	Holiday	21.98	7.00	153.84	Medicare	20.32	Delta Dental	14.35	NET PAY	1,121.45
	GROSS			1,538.47	Social Security	86.87	Health Insurance	122.97		
					NJ State W/H (S/0)	30.58				
					New Jersey EE Family Leave Ins	2.46				
					New Jersey EE Disability Insurance	4.00				
					New Jersey EE SUI/WF/SWF	6.54				
MORRIS, GWENDOLYN J Code: A05X Tax Profile: 1 - NJ/NJ/NJ	Regular	35.71	63.00	2,250.00	Federal W/H (S)	297.82	Delta Dental	3.28	Direct Deposit Net Check	1,811.77
	Holiday	35.71	7.00	250.00	Medicare	34.82	Health Insurance	95.42	NET PAY	1,811.77
	GROSS			2,500.00	Social Security	148.88				
					NJ State W/H (S/1)	86.88				
					New Jersey EE Family Leave Ins	4.00				

USJP Staff

Sorted on Employee Name
Period Ending: 02/01/2020
Check Date: 02/07/2020
Transaction: 0923658C9

Employee	Earnings	Rate	Hours/Units	Amount	Taxes	Deductions	Net Pay	<input type="checkbox"/>
					New Jersey EE Disability Insurance 6.50			
					New Jersey EE SUI/WF/SWF 10.63			
SERMON, PATRICIA Code: A01P Tax Profile: 1 - NJ/NJ/NJ	Regular	49.45	56.00	2,769.24	Federal W/H (S)	419.63	Delta Dental 7.94	Direct Deposit Net Check 1,049.53
	Vacation	49.45	7.00	346.15	Medicare 48.65	Health Insurance 98.62		Direct Dep. Distribution 1 1,049.53
	Holiday	49.45	7.00	346.15	Social Security 208.01	403B Contribution 400.00		NET PAY 2,099.06
	GROSS			3,461.54	NJ State W/H (S/1) 150.38			
					New Jersey EE Family Leave Ins 5.54			
					New Jersey EE Disability Insurance 9.00			
					New Jersey EE SUI/WF/SWF 14.71			
Total Company								
Company Totals	Regular		352.50	9,459.36	Federal W/H 945.93	403B Contribution 400.00	6 DD Vouchers 6,740.26	
	Vacation		7.00	346.15	Medicare 150.51	Accident Aftertax 25.62	1 DD Distributions 1,049.53	
	Holiday		35.00	1,019.23	Social Security 643.58	Delta Dental 28.85	NET PAY 7,789.79	
	GROSS		394.50	10,824.74	New Jersey State W/H 333.35	Health Insurance 415.63		
					New Jersey EE Family Leave Ins 17.32			
					New Jersey EE Disability Insurance 28.15			
					New Jersey EE SUI/WF/SWF 46.01			
Total Net Pay							<u>7,789.79</u>	

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT

NAME: Irene Cerna

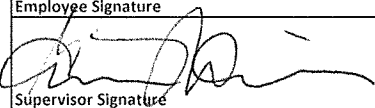
PAY PERIOD: 1/19/20 to 2/1/20
Sunday Saturday

POSITION: Site Coordinator


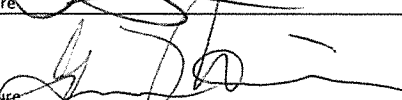
		Activity	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	
WEEK 1			USJP ADMIN	USJP PROGRAM					Total Hours
Sunday	1/19/20								0.0
Monday	1/20/20	H		7.0					7.0
Tuesday	1/21/20	k		7.0					7.0
Wednesday	1/22/20	k		7.0					7.0
Thursday	1/23/20	admin		7.0					7.0
Friday	1/24/20	admin		7.0					7.0
Saturday	1/25/20								0.0
Total Hours			0.0	35.0	0.0	0.0	0.0	0.0	35.0
Worked hours %			0%	100%	0%	0%	0%	0%	
WEEK 2									Total Hours
Sunday	1/26/20								0.0
Monday	1/27/20	f		6.5					6.5
Tuesday	1/28/20	f		6.0					6.0
Wednesday	1/29/20	Payroll		6.0					6.0
Thursday	1/30/20	g		6.0					6.0
Friday	1/31/20	f		6.0					6.0
Saturday	2/1/20								0.0
Total Hours			0.0	30.5	0.0		0.0	0.0	30.5
Worked hours %				100%					65.5
Over all %				100%					

I certify that the hours charged to the programs are reasonable in relation to work performed.		Activity		Benefits hours by type	
Employee Signature	Irene Cerna	A-Administration	I-Intake	Q-	Holiday
		B-Business Development	J-Job Placement	R-recruitment	Vacation
Supervisor Signature		C- Counseling	K-Assessment	S-Sick	Personal
		D-Engaging employers	L- Screening	T-Travel	Sick
		E-Enrollment	M-Meetings	U-	Total Above
		F-File Review	N-	V-Vacation	
		G-Case Management	O-Outreach	W-	
		H-Holiday	P-Personal	X-	

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
NAME:		Armanda Johnson			PERIOD:		1/19/20 to 2/1/20		
POSITION:		Site Coordinator/Morris County					Monday Friday		
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			▼	▼	▼		▼	▼	
			USJP ADMIN	USJP PROGRAM	HOLIDAY	HOUSING	Vacation	UYEP	Total Hours
WEEK 1									
Sunday	1/19/2020			0.0					0.0
Monday	1/20/2020	C,F,G							
Tuesday	1/21/2020	C,F,G		5.5					5.5
Wednesday	1/22/2020	C, F,G,I		5.5					5.5
Thursday	1/23/2020	C,F,G		5.5					5.5
Friday	1/24/2020	C,F,G,M		5.5					5.5
Saturday	1/25/2020								0.0
Total Hours			0.0	22.0	0.0	0.0	0.0	0.0	22.0
Worked hours %			0%	100%	0%	0%	0%	0%	
WEEK 2									
Sunday	1/26/2020			0.0					0.0
Monday	1/27/2020	C, F,G		5.5					5.5
Tuesday	1/28/2020	C,F,G,		5.5					5.5
Wednesday	1/29/2020	Payroll		5.0					5.0
Thursday	1/30/2020	C,F,G,I		5.5					5.5
Friday	1/31/2020	C,F,G,		5.5					5.5
Saturday	2/1/2020								0.0
Total Hours			0.0	27.0	0.0		0.0	0.0	27.0
Worked hours %									49
Over all %									
			Activity				Benefits hours by type		
I certify that the hours charged to the programs are reasonable in relation to work performed.			A-Administration	I-Intake	Q-				
Armanda Johnson			B-Business Development	J-Job Placement	R-recruitment	Holiday			
Employee Signature			C- Counseling	K-Assessment	S-Sick	Vacation			
			D-Engaging employers	L- Screening	T-Travel	Personal			
			E-Enrollment	M-Meetings	U-	Sick			
			F-File Review	N-	V-Vacation				
			G-Case Management	O-Outreach	W-	Total Above			
			H-Holiday	P-Personal	X-				

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
NAME: Rahmel Leake		Rahmel Leake		1/19/20 - 2/1/20		1/19/20 to 2/1/20			
POSITION: Site Coordinator		Site Coordinator				Monday		Friday	
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			▼	▼	▼		▼	▼	
WEEK 1			USJP ADMIN	USJP Program					Total Hours
Sunday	1/19/2020								
Monday	1/20/2020	C,E,F,I,K,L		7.0					7.0
Tuesday	1/21/2020	C,E,F,I,K,L		7.0					7.0
Wednesday	1/22/2020	C,E,F,I,K,L		7.0					7.0
Thursday	1/23/2020	C,E,F,I,K,L		7.0					7.0
Friday	1/24/2020	C,E,F,I,K,L		7.0					7.0
Saturday	1/25/2020								0.0
Total Hours			0.0	35.0	0.0	0.0	0.0	0.0	35.0
Worked hours %			0%	100%	0%	0%	0%	0%	
WEEK 2									Total Hours
Sunday	1/26/2020								
Monday	1/27/2020	C,E,F,I,K,L		7.0					7.0
Tuesday	1/28/2020	C,E,F,I,K,L		7.0					7.0
Wednesday	1/29/2020	C,E,F,I,K,L		7.0					7.0
Thursday	1/30/2020	C,E,F,I,K,L		7.0					7.0
Friday	1/32/2020	C,E,F,I,K,L		7.0					7.0
Saturday	2/1/2020								0.0
Total Hours			0.0	35.0	0.0	0.0	0.0	0.0	35.0
Worked hours %			0%	100%	0%	0%	0%	0%	
Over all %			0%	100%	0%	0%	0%	0%	70.0
			Activity				Benefits hours by type		
I certify that the hours charged to the programs are reasonable in relation to work performed.			A-Administration	I-Intake	Q-	Holiday			
			B-Business Development	J-Job Placement	R-recruitment				
Employee Signature 			C- Counseling	K-Assessment	S-Sick	Vacation			
			D-Engaging employers	L- Screening	T-Travel				
Supervisor Signature 			E-Enrollment	M-Meetings	U-	Personal			
			F-File Review	N-	V-Vacation				
			G-Case Management	O-Outreach	W-	Sick			
			H-Holiday	P-Personal	X-				
						-			

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT

NAME: Joanna Martinez

PERIOD: 1/19/20 to 2/1/20

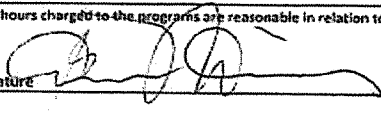
POSITION: Payroll Administrator

Monday Friday

		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			▼ DMIN	▼ PROGRAM	▼ IANCE		▼ on	▼	Total Hours
WEEK 1									
Sunday	1/19/2020								
Monday	1/20/2020	Holiday	2.35	4.30	0.35				7.00
Tuesday	1/21/2020	A- Accounting	2.35	4.30	0.35				7.00
Wednesday	1/22/2020	A-Accounting	2.35	4.30	0.35				7.00
Thursday	1/23/2020	A-Accounting	2.35	4.30	0.35				7.00
Friday	1/24/2020	A-Accounting	2.35	4.30	0.35				7.00
Saturday	1/25/2020								
Total Hours			11.75	21.50	1.75	-	-	-	35.00
Worked hours %			34%	61%	5%	0%	0%	0%	100%
WEEK 2									Total Hours
Sunday	1/26/2020								
Monday	1/27/2020	A-Accounting	2.35	4.30	0.35				7.00
Tuesday	1/28/2020	A- Accounting	2.35	4.30	0.35				7.00
Wednesday	1/29/2020	A- Accounting	2.35	4.30	0.35				7.00
Thursday	1/30/2020	A- Accounting	2.35	4.30	0.35				7.00
Friday	1/31/2020	A- Accounting	2.35	4.30	0.35				7.00
Saturday	2/1/2020								
Total Hours			11.75	21.50	1.75	-	-	-	35.00
Worked hours %			34%	61%	5%	0%	0%	0%	100%
Over all %			34%	61%	5%				70.00

		Activity			Benefits hours by type
I certify that the hours charged to the programs are reasonable in relation to work performed.		A-Administration	I-Intake	Q-	
		B-Business Development	J-Job Placement	R-recruitment	Holiday
		C- Counseling	K-Assessment	S-Sick	Vacation
Employee Signature <u>Joanna Martinez</u>		D-Engaging employers	L- Screening	T-Travel	Personal
		E-Enrollment	M-Meetings	U-	Sick
		F-File Review	N-	V-Vacation	
		G-Case Management	O-Outreach	W-	Total Above
Supervisor Signature <u>[Signature]</u>		H-Holiday	P-Personal	X-	-

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
NAME:		Gwen Morris			PERIOD:		1/19/20 to 2/1/20		
POSITION:		Program Director					Monday Friday		
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
WEEK 1			USJP ADMIN	USJP PROGRAM	HOLIDAY	HOUSING	Vacation	UYEP	Total Hours
Sunday	1/19/2020								0.0
Monday	1/20/2020	B/C	2.0	5.0					
Tuesday	1/21/2020	D/M	4.0	3.0					7.0
Wednesday	1/22/2020	B/M	2.0	5.0					7.0
Thursday	1/23/2020	D/M	4.0	3.0					7.0
Friday	1/24/2020	M/F	3.0	4.0					5.5
Saturday	1/25/2020								0.0
Total Hours			15.0	20.0	0.0	0.0	0.0	0.0	26.5
Worked hours %			43%	57%	0%	0%	0%	0%	
WEEK 2									
Sunday	1/26/2020								0.0
Monday	1/27/2020	A/B	3.0	4.0					7.0
Tuesday	1/28/2020	C/G	4.0	3.0					7.0
Wednesday	1/29/2020	B/F	3.0	4.0					5.0
Thursday	1/30/2020	C/K	2.0	5.0					7.0
Friday	1/31/2020	B/C	2.0	5.0					7.0
Saturday	2/1/2020								0.0
Total Hours			14.0	21.0	0.0		0.0	0.0	33.0
Worked hours %			40%	60%					49
Over all %			41.5%	58.5%					
I certify that the hours charged to the programs are reasonable in relation to work performed. Gwen Morris Employee Signature 			Activity A-Administration B-Business Development C-Counseling D-Engaging employers E-Enrollment F-File Review G-Case Management H-Holiday I-Intake J-Job Placement K-Assessment L-Screening M-Meetings N- O-Outreach P-Personal				Benefits hours by type Q- R-recruitment S-Sick T-Travel U- V-Vacation W- X- Holiday Vacation Personal Sick Total Above		
Supervisor Signature									

USJP Staff

Employee	Earnings	Rate	Hours/Units	Amount	Taxes		Deductions		Net Pay <input type="checkbox"/>	
CERNA, IRENE Code: A04I Tax Profile: 1 - NJ/NJ/NJ	Regular	16.48	57.00	939.56	Federal W/H (S)	85.38	Delta Dental	3.28	Direct Deposit Net Check	656.08
	GROSS			939.56	Medicare	12.15	Health Insurance	98.62	NET PAY	656.08
					Social Security	51.94				
					NJ State W/H (S/1)	24.18				
					New Jersey EE Family Leave Ins	1.50				
					New Jersey EE Disability Insurance	2.44				
					New Jersey EE SUI/WF/SWF	3.99				
JOHNSON, ARMANDA Code: A04T Tax Profile: 1 - NJ/NJ/NJ	Regular	14.42	52.00	749.84	Federal W/H (S)	27.29			Direct Deposit Net Check	648.76
	GROSS			749.84	Medicare	10.87			NET PAY	648.76
					Social Security	46.49				
					NJ State W/H (S/2)	10.09				
					New Jersey EE Family Leave Ins	1.20				
					New Jersey EE Disability Insurance	1.95				
					New Jersey EE SUI/WF/SWF	3.19				
LEAKE, RAHMEL Code: A06N Tax Profile: 1 - NJ/NJ/NJ	Regular	21.98	70.00	1,538.46	Medicare	22.31			Direct Deposit Net Check	1,378.69
	GROSS			1,538.46	Social Security	95.38			NET PAY	1,378.69
					NJ State W/H (S/1)	29.08				
					New Jersey EE Family Leave Ins	2.46				
					New Jersey EE Disability Insurance	4.00				
					New Jersey EE SUI/WF/SWF	6.54				
MARTINEZ, JOANNA Code: A03Z Tax Profile: 1 - NJ/NJ/NJ	Regular	21.98	63.00	1,384.62	Federal W/H (S)	103.31	Accident Aftertax	25.62	Direct Deposit Net Check	1,121.44
	Personal	21.98	7.00	153.85	Medicare	20.32	Delta Dental	14.35	NET PAY	1,121.44
	GROSS			1,538.47	Social Security	86.88	Health Insurance	122.97		
					NJ State W/H (S/0)	30.58				
					New Jersey EE Family Leave Ins	2.46				
					New Jersey EE Disability Insurance	4.00				
					New Jersey EE SUI/WF/SWF	6.54				
MORRIS, GWENDOLYN J Code: A05X Tax Profile: 1 - NJ/NJ/NJ	Regular	35.71	56.00	2,000.00	Federal W/H (S)	297.82	Delta Dental	3.28	Direct Deposit Net Check	1,811.77
	Personal	35.71	14.00	500.00	Medicare	34.82	Health Insurance	95.42	NET PAY	1,811.77
	GROSS			2,500.00	Social Security	148.88				
					NJ State W/H (S/1)	86.88				
					New Jersey EE Family Leave Ins	4.00				

USJP Staff

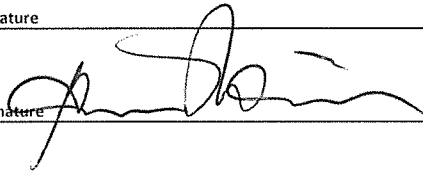
Sorted on Employee Name
Period Ending: 02/15/2020
Check Date: 02/21/2020
Transaction: 980535726

Employee	Earnings	Rate	Hours/Units	Amount	Taxes	Deductions	Net Pay	<input type="checkbox"/>
					New Jersey EE Disability Insurance 6.50			
					New Jersey EE SUI/WF/SWF 10.63			
SERMON, PATRICIA Code: A01P Tax Profile: 1 - NJ/NJ/NJ	Regular GROSS	49.45	70.00	3,461.54 3,461.54	Federal W/H (S) 419.63 Medicare 48.65 Social Security 208.01 NJ State W/H (S/1) 150.38 New Jersey EE Family Leave Ins 5.54 New Jersey EE Disability Insurance 9.00 New Jersey EE SUI/WF/SWF 14.71	Delta Dental 7.94 Health Insurance 98.62 403B Contribution 400.00	Direct Deposit Net Check 1,049.53 Direct Dep. Distribution 1 1,049.53 NET PAY 2,099.06	
Total Company								
Company Totals	Regular Personal GROSS		368.00 21.00 389.00	10,074.02 653.85 10,727.87	Federal W/H 933.43 Medicare 149.12 Social Security 637.58 New Jersey State W/H 331.19 New Jersey EE Family Leave Ins 17.16 New Jersey EE Disability Insurance 27.89 New Jersey EE SUI/WF/SWF 45.60	403B Contribution 400.00 Accident Aftertax 25.62 Delta Dental 28.85 Health Insurance 415.63	6 DD Vouchers 6,666.27 1 DD Distributions 1,049.53 NET PAY 7,715.80	
							Total Net Pay	<u>7,715.80</u>


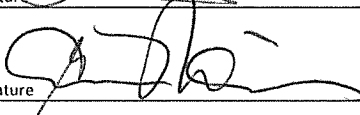

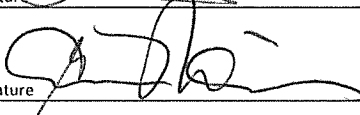

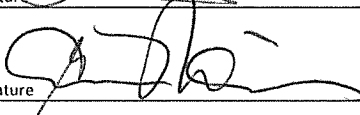
Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
Irene Cerna		PERIOD:		2/3/20		to		2/15/20	
POSITION: Site Coordinator				Monday				Friday	
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			USJP ADMIN	USJP PROGRAM	HOLIDAY	HOUSING	Vacation	UYEP	Total Hours
WEEK 1									
Sunday	2/2/20								0.0
Monday	2/3/20	sick		3.0					3.0
Tuesday	2/4/20	k		6.0					6.0
Wednesday	2/5/20	k		6.0					6.0
Thursday	2/6/20	admin		6.0					6.0
Friday	2/7/20	admin		6.0					6.0
Saturday	2/8/20								0.0
Total Hours			0.0	27.0	0.0	0.0	0.0	0.0	27.0
Worked hours %			0%	100%	0%	0%	0%	0%	
WEEK 2									Total Hours
Sunday	2/9/2020								0.0
Monday	2/10/2020	f		6.0					6.0
Tuesday	2/11/2020	f		6.0					6.0
Wednesday	2/12/2020	Payroll		6.0					6.0
Thursday	2/13/2020	g		6.0					6.0
Friday	2/14/2020	f		6.0					6.0
Saturday	2/15/2020								
Total Hours			0.0	30.0	0.0		0.0	0.0	30.0
Worked hours %				100%					
Over all %									57.0
I certify that the hours charged to the programs are reasonable in relation to work performed.			Activity A-Administration I-Intake B-Business Development J-Job Placement C- Counseling K-Assessment D-Engaging employers L- Screening E-Enrollment M-Meetings F-File Review N- G-Case Management O-Outreach H-Holiday P-Personal				Benefits hours by type Q- R-recruitment Holiday S-Sick Vacation T-Travel Personal U- Sick V-Vacation W- X- Total Above		
Employee Signature <i>Irene Cerna</i>									
Supervisor Signature <i>[Signature]</i>									

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
NAME:		Armanda Johnson			PERIOD:		2/2/20 to 2/15/20		
POSITION:		Site Coordinator/Morris County					Monday Friday		
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			▼	▼	▼		▼	▼	
WEEK 1			USJP ADMIN	USJP PROGRAM	HOLIDAY	HOUSING	Vacation	UYEP	Total Hours
Sunday	2/2/2020			0.0					0.0
Monday	2/3/2020	C,F,G,I,-recertification		5.0					5.0
Tuesday	2/4/2020	C,F,G,I,-recertification		5.0					5.0
Wednesday	2/5/2020	C, F,G,I,-recertification		5.0					5.0
Thursday	2/6/2020	C,F,G,I-recertification		5.0					5.0
Friday	2/7/2020	C,F,G,I-recertification		5.0					5.0
Saturday	2/8/2020								0.0
Total Hours			0.0	25.0	0.0	0.0	0.0	0.0	25.0
Worked hours %			0%	100%	0%	0%	0%	0%	
WEEK 2									
Sunday	2/9/2020			0.0					0.0
Monday	2/10/2020	C, F,G,I-recertification		5.0					5.0
Tuesday	2/11/2020	C,F,G,I-recertification		5.0					5.0
Wednesday	2/12/2020	Payroll		7.0					7.0
Thursday	2/13/2020	C,F,G,I-recertification		5.0					5.0
Friday	2/14/2020	C,F,G,I,-recertification		5.0					5.0
Saturday	2/15/2020								0.0
Total Hours			0.0	27.0	0.0		0.0	0.0	27.0
Worked hours %									52
Over all %									
I certify that the hours charged to the programs are reasonable in relation to work performed.			Activity				Benefits hours by type		
Armanda Johnson Employee Signature			A-Administration	I-Intake	Q-	Holiday Vacation Personal Sick Total Above			
			B-Business Development	J-Job Placement	R-recruitment				
Supervisor Signature 			C- Counseling	K-Assessment	S-Sick	Total Above			
			D-Engaging employers	L- Screening	T-Travel				
			E-Enrollment	M-Meetings	U-	Total Above			
			F-File Review	N-	V-Vacation				
			G-Case Management	O-Outreach	W-	Total Above			
			H-Holiday	P-Personal	X-				

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT																																																									
NAME: Rahmel Leake		Rahmel Leake		2/02/20 - 2/15/20		2/2/20 to 2/15/20																																																			
POSITION: Site Coordinator		Site Coordinator				Monday		Friday																																																	
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME																																																	
			▼	▼	▼		▼	▼																																																	
WEEK 1			USJP ADMIN	USJP Program					Total Hours																																																
Sunday	2/2/2020																																																								
Monday	2/3/2020	C,E,F,I,K,L		7.0					7.0																																																
Tuesday	2/4/2020	C,E,F,I,K,L		7.0					7.0																																																
Wednesday	2/5/2020	C,E,F,I,K,L		7.0					7.0																																																
Thursday	2/6/2020	C,E,F,I,K,L		7.0					7.0																																																
Friday	2/7/2020	C,E,F,I,K,L		7.0					7.0																																																
Saturday	2/8/2020								0.0																																																
Total Hours			0.0	35.0	0.0	0.0	0.0	0.0	35.0																																																
Worked hours %			0%	100%	0%	0%	0%	0%																																																	
WEEK 2									Total Hours																																																
Sunday	2/9/2020																																																								
Monday	2/10/2020	C,E,F,I,K,L		7.0					7.0																																																
Tuesday	2/11/2020	C,E,F,I,K,L		7.0					7.0																																																
Wednesday	2/12/2020	C,E,F,I,K,L		7.0					7.0																																																
Thursday	2/13/2020	C,E,F,I,K,L		7.0					7.0																																																
Friday	2/14/2020	C,E,F,I,K,L		7.0					7.0																																																
Saturday	2/15/2020								0.0																																																
Total Hours			0.0	35.0	0.0		0.0	0.0	35.0																																																
Worked hours %			0%	100%	0%	0%	0%	0%																																																	
Over all %			0%	100%	0%	0%	0%	0%	70.0																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;"></th> <th style="width:30%;">Activity</th> <th style="width:35%;">Benefits hours by type</th> </tr> </thead> <tbody> <tr> <td rowspan="2">I certify that the hours charged to the programs are reasonable in relation to work performed.</td> <td>A-Administration</td> <td>I-Intake</td> </tr> <tr> <td>B-Business Development</td> <td>J-Job Placement</td> </tr> <tr> <td rowspan="2">Employee Signature </td> <td>C- Counseling</td> <td>K-Assessment</td> </tr> <tr> <td>D-Engaging employers</td> <td>L- Screening</td> </tr> <tr> <td rowspan="2">Supervisor Signature </td> <td>E-Enrollment</td> <td>M-Meetings</td> </tr> <tr> <td>F-File Review</td> <td>N-</td> </tr> <tr> <td></td> <td>G-Case Management</td> <td>O-Outreach</td> </tr> <tr> <td></td> <td>H-Holiday</td> <td>P-Personal</td> </tr> <tr> <td></td> <td></td> <td>Q- Recruitment</td> </tr> <tr> <td></td> <td></td> <td>R-recruitment</td> </tr> <tr> <td></td> <td></td> <td>S-Sick</td> </tr> <tr> <td></td> <td></td> <td>T-Travel</td> </tr> <tr> <td></td> <td></td> <td>U- Vacation</td> </tr> <tr> <td></td> <td></td> <td>W- Sick</td> </tr> <tr> <td></td> <td></td> <td>X- Total Above</td> </tr> <tr> <td></td> <td></td> <td>-</td> </tr> </tbody> </table>											Activity	Benefits hours by type	I certify that the hours charged to the programs are reasonable in relation to work performed.	A-Administration	I-Intake	B-Business Development	J-Job Placement	Employee Signature 	C- Counseling	K-Assessment	D-Engaging employers	L- Screening	Supervisor Signature 	E-Enrollment	M-Meetings	F-File Review	N-		G-Case Management	O-Outreach		H-Holiday	P-Personal			Q- Recruitment			R-recruitment			S-Sick			T-Travel			U- Vacation			W- Sick			X- Total Above			-
	Activity	Benefits hours by type																																																							
I certify that the hours charged to the programs are reasonable in relation to work performed.	A-Administration	I-Intake																																																							
	B-Business Development	J-Job Placement																																																							
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		X- Total Above																																																							
		-																																																							

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT

NAME: Joanna Martinez

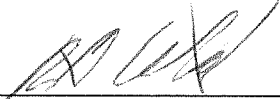
PERIOD: 2/2/20 to 2/15/20

POSITION: Payroll Administrator

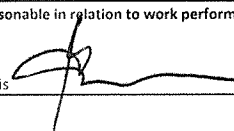
Monday

Friday

		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			▼	▼	▼		▼	▼	
WEEK 1			DMIN	PROGRAM	IANCE		on		Total Hours
Sunday	2/2/2020								
Monday	2/3/2020	A-Accounting	2.35	4.30	0.35				7.00
Tuesday	2/4/2020	Personal	2.35	4.30	0.35				7.00
Wednesday	2/5/2020	A-Accounting	2.35	4.30	0.35				7.00
Thursday	2/6/2020	A-Accounting	2.35	4.30	0.35				7.00
Friday	2/7/2020	A-Accounting	2.35	4.30	0.35				7.00
Saturday	2/8/2020								
Total Hours			11.75	21.50	1.75	-	-	-	35.00
Worked hours %			34%	61%	5%	0%	0%	0%	100%
WEEK 2									Total Hours
Sunday	2/9/2020								
Monday	2/10/2020	A-Accounting	2.35	4.30	0.35				7.00
Tuesday	2/11/2020	A- Accounting	2.35	4.30	0.35				7.00
Wednesday	2/12/2020	A- Accounting	2.35	4.30	0.35				7.00
Thursday	2/13/2020	A- Accounting	2.35	4.30	0.35				7.00
Friday	2/14/2020	A- Accounting	2.35	4.30	0.35				7.00
Saturday	2/15/2020								
Total Hours			11.75	21.50	1.75	-	-	-	35.00
Worked hours %			34%	61%	5%	0%	0%	0%	100%
Over all %			34%	61%	5%				70.00

		Activity			Benefits hours by type
I certify that the hours charged to the programs are reasonable in relation to work performed.		A-Administration	I-Intake	Q-	
		B-Business Development	J-Job Placement	R-recruitment	Holiday
		C- Counseling	K-Assessment	S-Sick	Vacation
Employee Signature <u>Joanna Martinez</u>		D-Engaging employers	L- Screening	T-Travel	Personal
		E-Enrollment	M-Meetings	U-	Sick
		F-File Review	N-	V-Vacation	
		G-Case Management	O-Outreach	W-	Total Above
Supervisor Signature 		H-Holiday	P-Personal	X-	-

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
NAME:		Gwen Morris			PERIOD:		2/2/20 to 2/15/20		
POSITION:		Program Director					Monday Friday		
		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			▼	▼	▼		▼	▼	
WEEK 1			USJP ADMIN	USJP Program					Total Hours
Sunday	2/2/20								0.0
Monday	2/3/20	A/B	2.0	5.0					7.0
Tuesday	2/4/20	C/G	4.0	3.0					7.0
Wednesday	2/5/20	B/F	2.0	5.0					7.0
Thursday	2/6/20	C/K	4.0	3.0					7.0
Friday	2/7/20	B/C	3.0	4.0					7.0
Saturday	2/8/20								0.0
Total Hours			15.0	20.0	0.0	0.0	0.0	0.0	35.0
Worked hours %			43%	57%	0%	0%	0%	0%	
WEEK 2									Total Hours
Sunday	2/9/20								0.0
Monday	2/10/20	B/C	3.0	4.0					7.0
Tuesday	2/11/20	D/M	4.0	3.0					7.0
Wednesday	2/12/20	B/M	3.0	4.0					7.0
Thursday	2/13/20	D/M	2.0	5.0					7.0
Friday	2/14/20	M/F	2.0	5.0					7.0
Saturday	2/15/20								0.0
Total Hours			14.0	21.0	0.0	0.0	0.0	0.0	35.0
Worked hours %			40%	60%	0%	0%	0%	0%	
Over all %			41%	59%	0%	0%	0%	0%	70.0
I certify that the hours charged to the programs are reasonable in relation to work performed. Employee Signature Gwen Morris 			Activity				Benefits hours by type		
			A-Administration B-Business Development C- Counseling D-Engaging employers E-Enrollment F-File Review G-Case Management H-Holiday	I-Intake J-Job Placement K-Assessment L- Screening M-Meetings N- O-Outreach P-Personal	Q- R-recruitment S-Sick T-Travel U- V-Vacation W- X-	Holiday Vacation Personal Sick Total Above	-		
Supervisor Signature									

URBAN LEAGUE OF ESSEX CTY
ULEC GENERAL OPERATING ACCT
508 CENTRAL AVE
NEWARK, NJ 07107-1430

Bank of America
ACH R/T 021200339

12950

55-33/212 NJ
356

02/01/2020

PAY TO THE ORDER OF Horizon Blue Cross Blue Shield of NJ

\$ **19,580.44

Nineteen thousand five hundred eighty and 44/100 ***** DOLLARS

Horizon Blue Cross Blue Shield of NJ
P.O. Box 10130
Newark, NJ 07101-3130

MEMO

Empl. Health Ins. 02/15/20 - 03/15/20

Vivian Cox
AUTHORIZED SIGNATURE

⑈012950⑈ ⑈021200339⑈ 000238003973⑈

URBAN LEAGUE OF ESSEX CTY
02/01/2020

GENERAL OPERATING ACCT
Horizon Blue Cross Blue Shield of NJ

12950

Date	Type	Reference	Original Amount	Balance Due	Payment
02/01/2020	Bill		19,580.44	19,580.44	19,580.44
		Check Amount			19,580.44

1010 Cash:Checking Empl. Health Ins. 02/15/20 - 03/15/20 19,580.44

URBAN LEAGUE OF ESSEX CTY
02/01/2020

GENERAL OPERATING ACCT
Horizon Blue Cross Blue Shield of NJ

12950

Date	Type	Reference	Original Amount	Balance Due	Payment
02/01/2020	Bill		19,580.44	19,580.44	19,580.44
		Check Amount			19,580.44

1010 Cash:Checking Empl. Health Ins. 02/15/20 - 03/15/20 19,580.44

ULEC CHECK REQUEST FORM

INVOICE DATE: 2/1/2020 PREPARED BY: Pat Mise PERIOD COVERED: 02/15/20 - 03/15/20
 INVOICE # 293308978 DUE DATE: 2/15/2020 AMOUNT: \$19,580.44
 PAYABLE TO: Horizon Blue Cross Blue Shield
 COMMENTS: _____

GL CODE: 7241 EMPLOYEE BENEFITS - HEALTH INSURANCE

111 Abbott		112.1 TODDLERS		561 - LISC-HUD/FOC	854.68 Pat Sermon
Roni Bryant	\$ 865.47	C.E. Fitzpatrick	\$ 1,068.35	451 USJP	3,581.26
Quintella Hollins	\$ 1,346.70	Yolanda Green	\$ 946.06	112 EHS	2,014.41
Daphne L. McMillian	\$ 918.88			111 Abbott	6,576.97
Betrilla Simmons	\$ 768.94	Total	\$ 2,014.41	222 Coding Prog	365.26
Robin Stewart	\$ 1,068.35	467 Workforce		368 Wells F N. Revit	1,068.13
Heather Wilson	\$ 1,608.63	Kyneisha Williams	\$ 625.08	502 - ESG- Housing	679.44 V. Lindsey
Total	\$ 6,576.97	Theresa Howard	\$ 746.45	334H NRTC18 - Housing	679.44 V. Lindsey
		Total	\$ 1,371.53	467 Workforce	1,371.53
222 Coding				620 Admin - Finance	1,028.12
Darrin Sharif	\$ 258.42	339 ULEC OPPORTUNITY CORP		339 ULEC OPP CORP	1,361.22
Greg Ward	\$ 106.84	Leonard Robbins	\$ 1,068.35	Total Expense	19,580.44
Total	\$ 365.26	Curtis McDaniel	\$ 292.87	Total Bill	19,580.44
		Total	\$ 1,361.22	variance	0.00
334 Housing					
Victoria Lindsey	\$ 1,068.35	620 Admin			
Karimi Guerra	\$ 290.52	Joanna Martinez	\$ 66.61		
Total	\$ 1,358.87	Greg Ward	\$ 961.52		
		Total	\$ 1,028.12		
368 Wells Fargo					
Darrin Sharif	\$ 775.26				
Curtis McDaniel	\$ 292.87				
Total	\$ 1,068.13				
451 USJP - Mature Workers		Employees with Split Allocations			
Gwendolyn Morris	\$ 1,033.68	Greg Ward	\$ 1,068.35	Admin 90%, Coding 10%	
Joanna Martinez	\$ 1,265.56	Darrin Sharif	\$ 1,033.68	Coding 25%, Wells Fargo 75%	
Irene Cerna	\$ 1,068.35	Patricia Sermon	\$ 1,068.35	USJP 20%, LISC/FOC 80%	
Patricia Sermon	\$ 213.67	Joanna Martinez	\$ 1,332.17	USJP 95%, Admin 5%	
Greg Ward	\$ -	Curtis McDaniel	\$ 585.73	Wells Fargo 50%, Opport Corp 50%	
Total	\$ 3,581.26				

☒ ENTERED

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES ☒ NO

A/P INITIAL: pm

DATE: 1/30/20

FISCAL OFFICE APPROVAL: 

PRESIDENT/CEO'S APPROVAL: 

CHECK # 12950



ACCOUNT NUMBER: 310430354

STATEMENT DATE: 01/28/20

PAYMENT DUE DATE: 02/15/20

SUMMARY OF TRANSACTIONS	PREVIOUS BALANCE	-	PAYMENT	+	CURRENT BILLINGS	+	NET ADJUSTMENTS	=	PAY THIS AMOUNT
	\$19,289.92		\$19,289.92		\$19,580.44		\$0.00		\$19,580.44

SUMMARY OF ACCOUNT

DESCRIPTION	PRODUCT	GROUP NUMBER:	DATE	AMOUNT
PREVIOUS BALANCE			12/30/19	\$19,289.92
PAYMENT RECEIVED, THANK YOU		00-153M8	01/08/20	-\$19,289.92
BILL 02/15/20-03/15/20	ADVANTAGE EPO	00-153M8	01/28/20	\$13,003.47
BILL 02/15/20-03/15/20	PRESCRIPTION	00-153M8	01/28/20	\$0.00
BILL 02/15/20-03/15/20	DENTAL-G	01-153M8	01/28/20	\$0.00
BILL 02/15/20-03/15/20	ADVANTAGE EPO	02-153M8	01/28/20	\$6,576.97
BILL 02/15/20-03/15/20	PRESCRIPTION	02-153M8	01/28/20	\$0.00
BILL 02/15/20-03/15/20	DENTAL-G	03-153M8	01/28/20	\$0.00
TOTAL AMOUNT DUE				\$19,580.44



STATEMENT DATE: 01/28/20

ACCOUNT NUMBER: 310430354

INVOICE NUMBER 293308978

GRP# 153M8

PAST DUE AMOUNT	CURRENT MONTH CHARGES	PAY THIS AMOUNT	DUE DATE	AMOUNT ENCLOSED
\$0.00	\$19,580.44	\$19,580.44	02/15/20	

ATTN: R.GREGORY WARD/PATRICIA MISE
 URBAN LEAGUE OF ESSEX COUNTY
 508 CENTRAL AVENUE
 NEWARK NJ 07107-1430

HORIZON BLUE CROSS BLUE SHIELD OF NJ
 PO BOX 10130
 NEWARK, NJ 07101-3130



PAST DUE AMOUNT	CURRENT MONTH CHARGES	PAY THIS AMOUNT	DUE DATE
\$0.00	\$19,580.44	\$19,580.44	02/15/20

STATEMENT DATE: 01/28/20

ACCOUNT NUMBER: 310430354

INVOICE NUMBER 293308978

SUMMARY OF ACCOUNT(CONTINUES)

IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL, PLEASE CALL 1-800-225-1955.



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM	TO	FROM	TO
10/15/19		10/15/20	

BILLING		PERIOD		COVERED
FROM	TO	FROM	TO	
02/15/20		03/15/20		

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

DATE PREPARED	GROUP NUMBER
01/28/20	00-153M8

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S E X	CONTRACT TYPE	ADVANTAGE EPO	PRESCRIPTION	PAY LOCATION CODE	TOTAL
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TEFDEF SUBSCRIBERS

XXX-XX-4885		3HZN77223910	WARD,R.	M	SINGLE	\$1,068.35	\$0.00		\$1,068.35
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TOTAL TEFDEF						\$1,068.35	\$0.00		\$1,068.35
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REGULAR SUBSCRIBERS

XXX-XX-9241		3HZN74953700	CERNA,I.	F	SINGLE	\$1,068.35	\$0.00		\$1,068.35
XXX-XX-5275		3HZN15326490	FITZPATRICK,C.E.	F	SINGLE	\$1,068.35	\$0.00		\$1,068.35
XXX-XX-0012		3HZN94251270	GREEN,Y.	F	SINGLE	\$946.06	\$0.00		\$946.06
XXX-XX-3193		3HZN46093120	GUERRA,K.	F	SINGLE	\$290.52	\$0.00		\$290.52
XXX-XX-4149		3HZN03133170	HOWARD,T.M.	F	SINGLE	\$746.45	\$0.00		\$746.45
XXX-XX-2322		3HZN61240120	LINDSEY,V.A.	F	SINGLE	\$1,068.35	\$0.00		\$1,068.35
XXX-XX-4493		3HZN88926110	MARTINEZ,J.	F	2ADULT	\$1,332.17	\$0.00		\$1,332.17
XXX-XX-1933		3HZN71286990	MCDANIEL,C.	M	SINGLE	\$585.73	\$0.00		\$585.73
XXX-XX-3964		3HZN17758740	MORRIS,G.J.	F	SINGLE	\$1,033.68	\$0.00		\$1,033.68
XXX-XX-9664		3HZN25462180	ROBBINS,L.	M	SINGLE	\$1,068.35	\$0.00		\$1,068.35
XXX-XX-1312		3HZN60048430	SERMON,P.A.	F	SINGLE	\$1,068.35	\$0.00		\$1,068.35



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM	TO	FROM	TO
10/15/19		10/15/20	

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

CONTRACTS COUNTS

	SINGLE	2 ADULTS	FAMILY	TYPE4	TYPE5	P&C	TOTAL
ADVANTAGE EPO							
REGULAR GROUP	12	1	0	0	0	0	13
TEFRA DEFRA	1	0	0	0	0	0	1
TOTAL ADVANTAGE EPO	13	1	0	0	0	0	14
PREScription							
REGULAR GROUP	12	1	0	0	0	0	13
TEFRA DEFRA	1	0	0	0	0	0	1
TOTAL PRESCRIPTION	13	1	0	0	0	0	14



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM		TO	
10/15/19		10/15/20	

BILLING		PERIOD		COVERED
FROM		TO		
02/15/20		03/15/20		

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

DATE PREPARED	
01/28/20	

GROUP NUMBER	
01-153M8	

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S E X	CONTRACT TYPE	DENTAL-G	PAY LOCATION CODE	TOTAL
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REGULAR SUBSCRIBERS

XXX-XX-0323		3HZN36279200	BARBER, A.	F	SINGLE	\$0.00		\$0.00
XXX-XX-9241		3HZN74953700	CERNA, I.	F	SINGLE	\$0.00		\$0.00
XXX-XX-8733		3HZN17722950	CHAMBERS, C.M.	M	SINGLE	\$0.00		\$0.00
XXX-XX-2266		3HZN21288520	FALLEN, J.L.	F	SINGLE	\$0.00		\$0.00
XXX-XX-5275		3HZN15326490	FITZPATRICK, C.E.	F	SINGLE	\$0.00		\$0.00
XXX-XX-0012		3HZN94251270	GREEN, Y.	F	SINGLE	\$0.00		\$0.00
XXX-XX-9236		3HZN61822430	GROVE, J.	M	SINGLE	\$0.00		\$0.00
XXX-XX-5324		3HZN81107590	LITTLE, S.	F	SINGLE	\$0.00		\$0.00
XXX-XX-3964		3HZN17758740	MORRIS, G.J.	F	SINGLE	\$0.00		\$0.00
XXX-XX-6006		3HZN59576850	RICHARDSON, S.M.	F	SINGLE	\$0.00		\$0.00
XXX-XX-9664		3HZN25462180	ROBBINS, L.	M	SINGLE	\$0.00		\$0.00



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM		TO	
10/15/19		10/15/20	

BILLING		PERIOD		COVERED	
FROM		TO		TO	
02/15/20		03/15/20			

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S E X	CONTRACT TYPE	DENTAL-G	PAY LOCATION CODE	TOTAL
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XXX-XX-1312		3HZN60048430	SERMON, P.A.	F	SINGLE	\$0.00		\$0.00
XXX-XX-0378		3HZN18450540	THOMAS, G.	M	SINGLE	\$0.00		\$0.00

TOTAL REGULAR								
						\$0.00		\$0.00
						*****		*****
TOTAL						*****		*****
DETAIL BILL						- GROUP NUMBER	01-153M8	\$0.00
						BILL		\$0.00
TOTAL DEBIT						ADJUSTMENTS		\$0.00
TOTAL CREDIT						ADJUSTMENTS		\$0.00
TOTAL NET						BILL		\$0.00



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM	TO	FROM	TO
10/15/19		10/15/20	

BILLING		PERIOD		COVERED	
FROM	TO	FROM	TO	FROM	TO
02/15/20		03/15/20			

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

CONTRACTS COUNTS

	SINGLE	2 ADULTS	FAMILY	TYPE4	TYPE5	P&C	TOTAL
DENTAL-G							
.REGULAR GROUP	13	0	0	0	0	0	13
TOTAL DENTAL-G	13	0	0	0	0	0	13



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM		TO	
10/15/19		10/15/20	

BILLING		PERIOD		COVERED	
FROM		TO		TO	
02/15/20				03/15/20	

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

DATE PREPARED	GROUP NUMBER
01/28/20	02-153M8

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S E X	CONTRACT TYPE	ADVANTAGE EPO	PRESCRIPTION	PAY LOCATION CODE	TOTAL
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REGULAR SUBSCRIBERS

XXX-XX-1218	3HZN51544610	BRYANT, R.L.	F	SINGLE		\$865.47	\$0.00		\$865.47
XXX-XX-9956	3HZN58336170	HOLLINS, O.	F	P&C		\$1,346.70	\$0.00		\$1,346.70
XXX-XX-0801	3HZN92497650	MC MILLIAN, D.L.	F	SINGLE		\$918.88	\$0.00		\$918.88
XXX-XX-6066	3HZN13051270	SIMMONS, B.R.	F	SINGLE		\$768.94	\$0.00		\$768.94
XXX-XX-1629	3HZN86974140	STEWART, R.	F	SINGLE		\$1,068.35	\$0.00		\$1,068.35
XXX-XX-5333	3HZN83797660	WILSON, H.	F	2ADULT		\$1,608.63	\$0.00		\$1,608.63

TOTAL REGULAR

\$6,576.97

TOTAL	DETAIL BILL	- GROUP NUMBER	02-153M8	\$6,576.97	\$0.00	\$6,576.97
	TOTAL DETAIL	BILL		\$6,576.97	\$0.00	\$6,576.97
	TOTAL DEBIT	ADJUSTMENTS				
	TOTAL CREDIT	ADJUSTMENTS				
	TOTAL NET	BILL				



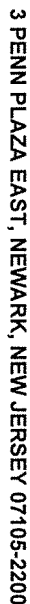
3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM	TO	FROM	TO
10/15/19		10/15/20	

BILLING		PERIOD		COVERED	
FROM	TO	FROM	TO	FROM	TO
02/15/20		03/15/20			

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

CONTRACTS COUNTS									
	SINGLE	2 ADULTS	FAMILY	TYPE4	TYPE5	P&C	TOTAL		
ADVANTAGE EPO									
REGULAR GROUP	4	1	0	0	0	1	6		
TOTAL ADVANTAGE EPO	4	1	0	0	0	1	6		
PRESCRIPTION									
REGULAR GROUP	4	1	0	0	0	1	6		
TOTAL PRESCRIPTION	4	1	0	0	0	1	6		



ATTN: R. GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

PAGE 9

DATE PREPARED	GROUP NUMBER
01/28/20	03-153M8

REGULAR SUBSCRIBERSTOTAL REGULAR

TOTAL NET BILL



3 PENN PLAZA EAST, NEWARK, NEW JERSEY 07105-2200

RATING		YEAR	
FROM	TO	FROM	TO
10/15/19		10/15/20	

BILLING		PERIOD COVERED	
FROM	TO	FROM	TO
02/15/20		03/15/20	

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

CONTRACTS COUNTS							
	SINGLE	2 ADULTS	FAMILY	TYPE4	TYPE5	P&C	TOTAL
DENTAL-G							
REGULAR GROUP	3	0	0	0	0	0	3
TOTAL DENTAL-G	3	0	0	0	0	0	3

URBAN LEAGUE OF ESSEX CTY
ULEC GENERAL OPERATING ACCT
508 CENTRAL AVE
NEWARK, NJ 07107-1430

Bank of America
ACH R/T 021200339

12949
55-33/212 NJ
355

02/01/2020

PAY TO THE ORDER OF Principal Financial Group

\$ **1,491.10

One thousand four hundred ninety-one and 10/100*****

DOLLARS

Principal Financial Group
PLIC-SBD Grand Island
P O Box 10372
Des Moines, IA 50306-0372

MEMO

Dental & Life Ins. # 1013829-10001 02/20

[Signature]
AUTHORIZED SIGNATURE

⑈012949⑈ ⑆021200339⑆ 000238003973⑈

URBAN LEAGUE OF ESSEX CTY

GENERAL OPERATING ACCT

12949

02/01/2020

Principal Financial Group

Date	Type	Reference	Original Amount	Balance Due	Payment
02/01/2020	Bill	02.01.20PL	1,491.10	1,491.10	1,491.10
		Check Amount			1,491.10

1010 Cash:Checking Dental & Life Ins. # 1013829-10001 02/20 1,491.10

URBAN LEAGUE OF ESSEX CTY
02/01/2020

Principal Financial Group GENERAL OPERATING ACCT

12949

Date	Type	Reference	Original Amount	Balance Due	Payment
02/01/2020	Bill	02.01.20PL	1,491.10	1,491.10	1,491.10
		Check Amount			1,491.10

1010 Cash:Checking Dental & Life Ins. # 1013829-10001 02/20 1,491.10

ULEC CASH DISBURSEMENTS PAYMENT FORM

INVOICE DATE: 2/1/2020 PREPARED BY: Patricia Mise DUE DATE: February 2020

PAYABLE TO: Principal Life Insurance Company AMOUNT: \$1,491.10

PERIOD COVERED: February 2020 *Invoice # 02.01.2020*

GL CODE: 7242 EMPLOYEE BENEFITS - LIFE INSURANCE

111 Abbott

Cora Andrews	\$ 12.20
Roni Bryant	\$ 12.20
Wynora Hill	\$ 61.57
Daphne McMillian	\$ 12.20
Quintella Hollins	\$ 76.55
Heather Wilson	\$ 111.05
Bertrilla Simmons	\$ 80.22
Robin Stewart	\$ 75.73

Total \$ 441.72

112.1 TODDLERS

C.E. Fitzpatrick	\$ 62.19
Yolanda Green	\$ 59.94

Total \$ 122.13

222 Coding

Darrin Sharif	\$ 23.10
Greg Ward	\$ 6.00

Total \$ 29.10

334 Housing

Victoria Lindsey	\$ 47.82
------------------	----------

Total \$ 47.82

339 ULEC OPPORTUNITY CORP

Leonard Robbins	\$ 92.41
Curtis McDaniel	\$ 23.91

\$ 116.32

368 Wells Fargo

Darrin Sharif	\$ 69.31
Curtis McDaniel	\$ 23.91

Total \$ 93.22

451 USJP - Mature Workers

Gwendolyn Morris	\$ 82.32
Irene Cerna	\$ 47.82
Joanna Martinez	\$ 90.03
Patricia Sermon	\$ 15.03

Total \$ 235.20

467 Workforce

Alice Frazier	\$ 12.20
Kyneisha Williams	\$ 57.91
Theresa Howard	\$ 79.44

Total \$ 149.55

561 FOC

Rosa Higgins	\$ 7.93
Patricia Sermon	\$ 60.13

Total \$ 68.06

610 CEO

Vivian Fraser	129.27
---------------	--------

Total \$ 129.27

620 Admin

Joanna Martinez	\$ 4.74
Greg Ward	\$ 53.97

Total \$ 58.71

Employees with Split Allocations

Patricia Sermon	\$ 75.16
Joanna Martinez	\$ 94.77
Greg Ward	\$ 59.97
Darrin Sharif	\$ 92.41
Curtis McDaniel	\$ 47.82

☐ CASH

☐ CHECK

☐ CREDIT

561 ULC HUD/FOC 68.06

451 USJP 235.20

112 EHS 122.13

111 Abbott 441.72

222 Coding Prog 29.10

368 Wells F N. Revit 93.22

502 - ESG- Housing 23.91 V. Lindsey

334H NRTC18 - Housing 23.91 V. Lindsey

467 Workforce 149.55

610 Admin CEO 129.27 V. Fraser

620 Admin - Finance 58.71

339 ULEC OPP CORP 116.32

Total Expense 1,491.10

Total Bill 1,491.10

variance 0.00

☒ ENTERED

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES NO

FISCAL OFFICE APPROVAL: [Signature]

PRESIDENT/CEO'S APPROVAL: [Signature]

A/P INITIAL: [Signature]

DATE: 01/27/20

CLASS: Various

CHECK #: 12949



Principal Life Insurance Company
Des Moines IA 50392

Billing statement

Important payment notice

For period: 02/01/2020 to 02/29/2020

Bill produced: 01/18/2020

002789

ATTN: GREGORY WARD
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107



Important information

If payment has already been made, please disregard this notice.

Bill summary

Account number: 1013829-10001

Due date: 02/01/2020

Last billed amount:	\$1,491.10
---------------------	------------

Payments since last bill:	\$1,491.10
---------------------------	------------

Balance forward:	\$0.00
------------------	--------

Adjustments since last bill:	\$0.00
------------------------------	--------

Current premium:	\$1,491.10
------------------	------------

Total amount due:	\$1,491.10
--------------------------	-------------------

Securely manage your benefits online with eService. Log in now at principal.com. Or, create an account by calling 800-843-1371.



Contact us

Group Benefits, call 800.843.1371 Monday-Friday 7:00 a.m. - 6:00 p.m. CT | principal.com

Please make your check payable to Principal Life Insurance Company. Send your check with the stub to the address below.



7 0000149110 101382910001 0000000052551996 9

ATTN: GREGORY WARD
URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107

Principal Life Insurance Company
PO BOX 10372
DES MOINES IA 50306-0372

Due date: 02/01/2020

Account number: 1013829-10001

Total amount due: \$1,491.10



Bill totals



Current billed lives

Members 24

Account number: 1013829-10001
For period: 02/01/2020 to 02/29/2020
Bill produced: 01/18/2020

Current premium totals \$1,491.10

Basic Life		Disability		Dental/ Vision	
Life	\$255.14	LTD	\$318.16	Dental - EE	\$757.50
AD&D	\$29.12			Dental - Dep	\$131.18

Bill totals



Current billed lives

Members 24

Account number: 1013829-10001
For period: 02/01/2020 to 02/29/2020
Bill produced: 01/18/2020

Current premium totals \$1,491.10

Basic Life		Disability		Dental/ Vision	
Life	\$255.14	LTD	\$318.16	Dental - EE	\$757.50
AD&D	\$29.12			Dental - Dep	\$131.18



Billing statement



Adjustments since last bill

Member ID	Member name	Transaction	Adjustment
Total			\$0.00

Account number: 1013829-10001
For period: 02/01/2020 to 02/29/2020
Bill produced: 01/18/2020

This is your copy. Please keep for your records.

Current premium

Member ID	Member name	Basic Life	Disability	Dental/ Vision	Transaction	Total premium
960885228	ANDREWS, CORA	Life 10.95 AD&D 1.25				\$12.20
987766449	BRYANT, RONI	Life 10.95 AD&D 1.25				\$12.20
939131512	CERNA, IRENE	Life 10.95 AD&D 1.25		Dental - EE	35.62	\$47.82
997886691	FITZPATRICK, CYNTHIA	Life 10.95 AD&D 1.25	LTD 14.37	Dental - EE	35.62	\$62.19
954768842	FRASER, VIVIAN	Life 10.95 AD&D 1.25	LTD 34.50	Dental - EE Dental - +1	45.71 36.86	\$129.27
964995931	FRAZIER, ALICE	Life 10.95 AD&D 1.25				\$12.20
933961459	GREEN, YOLANDA	Life 10.95 AD&D 1.25	LTD 12.12	Dental - EE	35.62	\$59.94
918187664	HIGGINS, ROSA	Life 7.12 AD&D 0.81				\$7.93
994997640	HILL, WYNORA	Life 10.95 AD&D 1.25	LTD 13.75	Dental - EE	35.62	\$61.57
904868263	HOLLINS, QUINTELLA	Life 10.95 AD&D 1.25		Dental - EE Dental - +1	35.62 28.73	\$76.55
953136045	HOWARD, THERESA	Life 10.95 AD&D 1.25	LTD 31.62	Dental - EE	35.62	\$79.44
991169996	LINDSEY, VICTORIA	Life 10.95 AD&D 1.25		Dental - EE	35.62	\$47.82
947912374	MARTINEZ, JOANNA	Life 10.95 AD&D 1.25		Dental - EE Dental - +1	45.71 36.86	\$94.77
923216371	MCDANIEL, CURTIS	Life 10.95 AD&D 1.25		Dental - EE	35.62	\$47.82
995294138	MCILLIAN, DAPHNE	Life 10.95 AD&D 1.25				\$12.20
974228761	MORRIS, GWENDOLYN	Life 10.95 AD&D 1.25	LTD 34.50	Dental - EE	35.62	\$82.32
959584035	ROBBINS, LEONARD	Life 10.95 AD&D 1.25	LTD 34.50	Dental - EE	45.71	\$92.41
987803085	SERMON, PATRICIA	Life 10.95 AD&D 1.25	LTD 17.25	Dental - EE	45.71	\$75.16
987239769	SHARIF, DARRIN	Life 10.95 AD&D 1.25	LTD 34.50	Dental - EE	45.71	\$92.41
942110057	SIMMONS, BERTRILLA	Life 10.95 AD&D 1.25	LTD 32.40	Dental - EE	35.62	\$80.22
975852172	STEWART, ROBIN	Life 10.95 AD&D 1.25	LTD 17.82	Dental - EE	45.71	\$75.73
926910558	WARD, RICHARD	Life 7.12 AD&D 0.81	LTD 6.33	Dental - EE	45.71	\$59.97

Current premium continued

Member ID	Member name	Basic Life	Disability	Dental/ Vision	Transaction	Total premium
996862431	WILLIAMS, KYNEISHA	Life AD&D 10.95 1.25		Dental - EE 45.71		\$57.91
912159218	WILSON, HEATHER	Life AD&D 10.95 1.25	LTD 34.50	Dental - EE 28.73		\$111.05
Total						\$1,491.10

Insurance products and plan administrative services are provided by Principal Life Insurance Company
a member of the Principal Financial Group®, (Principal®), Des Moines, IA 50392

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