

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

Staff Member	USJP HOURS	Total Hours	Time Allocation (%)	Total Salary	USJP Salary	Allocation %	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	28.00	140.00	20%	\$ 6,923.08	\$ 1,384.62	8.73%	\$ 148.85	\$ 15.19	\$ 213.67	\$ (39.45)	\$ 15.03	\$ (3.18)	\$ 37.19	\$ -	\$ -	\$ 387.31
Director Gwendolyn Morris - Admin	58.00	140.00	41%	\$ 5,000.00	\$ 2,071.43	13.06%	\$ 222.68	\$ 22.73	\$ 428.24	\$ (79.06)	\$ 34.10	\$ (2.72)	\$ 55.64	\$ -	\$ -	\$ 681.61
Director Gwendolyn Morris - Program	82.00	140.00	59%	\$ -	\$ 2,928.57	18.46%	\$ 314.82	\$ 32.13	\$ 605.44	\$ (111.78)	\$ 48.22	\$ (3.84)	\$ 78.66	\$ -	\$ -	\$ 963.65
Site Coordinator (Essex) Rahmel Leake - Program	140.00	140.00	100%	\$ 3,076.93	\$ 3,076.93	19.40%	\$ 330.77	\$ 33.76	\$ -	\$ -	\$ -	\$ -	\$ 82.64	\$ -	\$ -	\$ 447.17
Site Coordinator (Passaic) Irene Cerna - Program	122.50	122.50	100%	\$ 2,019.24	\$ 2,019.24	12.73%	\$ 217.07	\$ 22.15	\$ 1,068.35	\$ (197.24)	\$ 47.82	\$ (6.56)	\$ 54.24	\$ -	\$ -	\$ 1,205.83
Site Coordinator (Morris) Armanda Johnson - Program	101.00	101.00	100%	\$ 1,456.42	\$ 1,456.42	9.18%	\$ 156.57	\$ 15.98	\$ -	\$ -	\$ -	\$ -	\$ 39.12	\$ -	\$ -	\$ 211.66
Program Assistant Joanna Martinez - Admin	47.00	140.00	34%	\$ 3,076.94	\$ 1,032.97	6.51%	\$ 111.05	\$ 11.33	\$ 447.23	\$ (82.57)	\$ 31.82	\$ (9.64)	\$ 27.75	\$ -	\$ -	\$ 536.97
Program Assistant Joanna Martinez - Program	86.00	140.00	61%	\$ -	\$ 1,890.12	11.92%	\$ 203.19	\$ 20.74	\$ 818.33	\$ (151.08)	\$ 58.22	\$ (17.63)	\$ 50.77	\$ -	\$ -	\$ 982.54
Total per USJP Report				\$ 21,552.61	\$ 15,860.30	100.00%	\$ 1,705.00	\$ 174.00	\$ 3,581.26	\$ (661.17)	\$ 235.20	\$ (43.56)	\$ 426.00	\$ -	\$ -	\$ 5,416.73
GL Total				\$ 15,860.00												
variance				\$ 0.30												

ADMIN
ADMIN
ADMIN

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

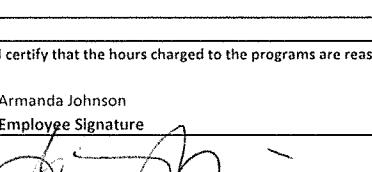
USJP Staff

Employee	Earnings	Rate	Hours/Units	Amount	Taxes	Deductions	Net Pay	<input type="checkbox"/>	
SERMON, PATRICIA Code: A01P Tax Profile: 1 - NJ/NJ/NJ	Regular Vacation Holiday GROSS	49.45 49.45 49.45 3,461.54	56.00 7.00 7.00	2,769.24 346.15 346.15	New Jersey EE Disability Insurance New Jersey EE SUI/WF/SWF Federal W/H (S) Medicare Social Security NJ State W/H (S/1) New Jersey EE Family Leave Ins New Jersey EE Disability Insurance New Jersey EE SUI/WF/SWF	6.50 10.63 419.63 48.65 208.01 150.38 5.54 9.00 14.71	Delta Dental Health Insurance 403B Contribution Accident Aftertax Delta Dental Health Insurance	7.94 98.62 400.00 25.62 28.85 415.63	Direct Deposit Net Check Direct Dep. Distribution I NET PAY 1,049.53 1,049.53 2,099.06
Total Company									
Company Totals	Regular Vacation Holiday GROSS	352.50 7.00 35.00 394.50	9,459.36 346.15 1,019.23 10,824.74	Federal W/H Medicare Social Security New Jersey State W/H New Jersey EE Family Leave Ins New Jersey EE Disability Insurance New Jersey EE SUI/WF/SWF	945.93 150.51 643.58 333.35 17.32 28.15 46.01	403B Contribution Accident Aftertax Delta Dental Health Insurance	400.00 25.62 28.85 415.63	6 DD Vouchers 1 DD Distributions NET PAY 6,740.26 1,049.53 7,789.79	
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				
POSITION: Site Coordinator						Sunday	Saturday			
WEEK 1		Activity	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME		
Sunday	1/19/20		USJP ADMIN	USJP PROGRAM					Total Hours	
Monday	1/20/20	H		7.0					0.0	
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	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 B-Business Developer 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						Q-R-recruitment R-Sick S-Vacation T-Personal U-Sick V-Vacation W-Total Above X-	
Supervisor Signature [Signature]										

Urban League of Essex County

Employee Activity Report									
NAME:	Armanda Johnson		PERIOD:	1/19/20 Monday		to	2/1/20 Friday		
POSITION:	Site Coordinator/Morris County								
		Activity	GRANT NAME	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					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	0.0	27.0
Worked hours %									4%
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 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 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	GRANT NAME
			▼	▼	▼	▼	▼	▼
			USIP ADMIN	USIP Program				Total Hours
<u>WEEK 1</u>								
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	35.0
Worked hours %			0%	100%	0%	0%	0%	
<u>WEEK 2</u>								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	35.0
Worked hours %			0%	100%	0%	0%	0%	
Over all %			0%	100%	0%	0%	0%	70.0
Activity								
I certify that the hours charged to the programs are reasonable in relation to work performed.			A-Administration I-Intake Q-			Benefits hours by type		
Employee Signature 			B-Business Development J-Job Placement R-recruitment			Holiday		
Supervisor 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			Total Above		
			G-Case Management O-Outreach W-			-		
			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

1/22/20

Friday

		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
WEEK 1			▼ DMIN	▼ PROGRAM	▼ IANCE		▼ on	▼	Total Hours
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

I certify that the hours charged to the programs are reasonable in relation to work performed.

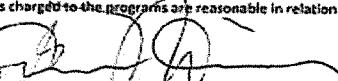
Employee Signature

Joanna Martinez

Supervisor Signature

Activity			Benefits hours by type
A-Administration	I-Intake	Q-	
B-Business Development	J-Job Placement	R-recruitment	Holiday
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:		Gwen Morris		PERIOD:		1/19/20		to	2/1/20
POSITION:		Program Director				Monday		Friday	
<u>WEEK 1</u>		Activity	GRANT NAME	GRANT NAME	GRANT NAME		GRANT NAME	GRANT NAME	
			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 %			<i>43%</i>	<i>57%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	
<u>WEEK 2</u>									
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	0.0	33.0
Worked hours %			<i>40%</i>	<i>60%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>49</i>
Over all %			<i>41.57%</i>	<i>58.59%</i>					
I certify that the hours charged to the programs are reasonable in relation to work performed.				Activity				Benefits hours by type	
Gwen Morris  Employee Signature				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									

USJP Staff

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

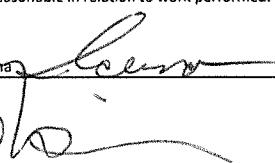
Employee	Earnings	Rate	Hours/Units	Amount	Taxes	Deductions	Net Pay	<input type="checkbox"/>		
CERNA, IRENE Code: A04I Tax Profile: 1 - NJ/NJ/NJ	Regular GROSS	16.48	57.00	939.56	Federal W/H (S) Medicare Social Security NJ State W/H (S/1) New Jersey EE Family Leave Ins New Jersey EE Disability Insurance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

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 New Jersey EE SUI/WF/SWF	6.50 10.63				
SERMON, PATRICIA Code: A01P Tax Profile: 1 - NJ/NJ/NJ	Regular GROSS	49.45 3,461.54	70.00	3,461.54	Federal W/H (S) Medicare Social Security NJ State W/H (S/1) New Jersey EE Family Leave Ins New Jersey EE Disability Insurance New Jersey EE SUI/WF/SWF	419.63 48.65 208.01 150.38 5.54 9.00 14.71	Delta Dental Health Insurance 403B Contribution	7.94 98.62 400.00	Direct Deposit Net Check Direct Dep. Distribution I NET PAY	1,049.53 1,049.53 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 Medicare Social Security New Jersey State W/H New Jersey EE Family Leave Ins New Jersey EE Disability Insurance New Jersey EE SUI/WF/SWF	933.43 149.12 637.58 331.19 17.16 27.89 45.60	403B Contribution Accident Aftertax Delta Dental Health Insurance	400.00 25.62 28.85 415.63	6 DD Vouchers 1 DD Distributions NET PAY	6,666.27 1,049.53 7,715.80
									Total Net Pay	<u>7,715.80</u>

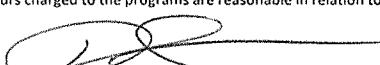
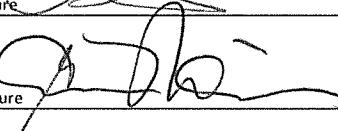
Urban League of Essex County

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
<u>WEEK 1</u>								Total Hours
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	27.0
Worked hours %			0%	100%	0%	0%	0%	
<u>WEEK 2</u>								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
			Activity				Benefits hours by type	
I certify that the hours charged to the programs are reasonable in relation to work performed.			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		
Employee Signature	Irene Cerna							
Supervisor Signature								

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT									
NAME: <u>Armando Johnson</u>			PERIOD: <u>2/2/20</u> to <u>2/15/20</u>						
POSITION: <u>Site Coordinator/Morris County</u>									
WEEK 1		Activity	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	
			▼	▼	▼	▼	▼	▼	
Sunday	2/2/2020		USJP ADMIN	USJP PROGRAM	HOLIDAY	HOUSING	Vacation	UYEP	
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		Activity	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	
			▼	▼	▼	▼	▼	▼	
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	0.0	27.0
Worked hours %									52
Over all %									
			Activity A-Administration I-Intake Q- B-Business Development J-Job Placement R-recruitment C- Counseling K-Assessment S-Sick D-Engaging employers L-Screening T-Travel E-Enrollment M-Meetings U- F-File Review N- V-Vacation G-Case Management O-Outreach W- H-Holiday P-Personal X- Benefits hours by type Holiday Vacation Personal Sick Total Above						
I certify that the hours charged to the programs are reasonable in relation to work performed.									
Armando Johnson Employee Signature									
Supervisor Signature									

Urban League of Essex County

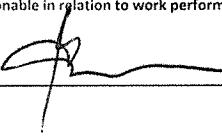
EMPLOYEE ACTIVITY REPORT								
NAME: Rahmel Leake		Rahmel Leake		2/02/20 - 2/15/20		2/2/20	to	2/15/20
POSITION: Site Coordinator		Site Coordinator				Monday		Friday
		Activity	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	
			▼ USJP ADMIN	▼ USJP Program	▼	▼	▼	Total Hours
<u>WEEK 1</u>								
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	35.0
Worked hours %			0%	100%	0%	0%	0%	
<u>WEEK 2</u>								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%	
Over all %			0%	100%	0%	0%	0%	70.0
Activity								
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 C- Counseling K-Assessment S-Sick D-Engaging employers L-Screening T-Travel E-Enrollment M-Meetings U- F-File Review N- V-Vacation G-Case Management O-Outreach W- H-Holiday P-Personal X-				Benefits hours by type Holiday Vacation Personal Sick Total Above	
Employee Signature 								
Supervisor Signature 								

Urban League of Essex County

EMPLOYEE ACTIVITY REPORT

NAME: <u>Joanna Martinez</u>		PERIOD: <u>2/2/20</u>		to <u>2/15/20</u>					
POSITION: <u>Payroll Administrator</u>									
		<u>Activity</u>	<u>GRANT NAME</u>	<u>GRANT NAME</u>	<u>GRANT NAME</u>	<u>GRANT NAME</u>	<u>GRANT NAME</u>	<u>GRANT NAME</u>	
<u>WEEK 1</u>									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%
<u>WEEK 2</u>									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
 I certify that the hours charged to the programs are reasonable in relation to work performed.				Activity			Benefits hours by type		
  Employee Signature <u>Joanna Martinez</u>				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 County

EMPLOYEE ACTIVITY REPORT								
NAME: <u>Gwen Morris</u>			PERIOD: <u>2/2/20</u> to <u>2/15/20</u>					
POSITION: <u>Program Director</u>								
		Activity	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME	GRANT NAME
			▼	▼	▼	▼	▼	▼
			USJP ADMIN	USJP Program				
<u>WEEK 1</u>								<u>Total Hours</u>
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	35.0
Worked hours %			43%	57%	0%	0%	0%	
<u>WEEK 2</u>								<u>Total Hours</u>
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	35.0
Worked hours %			40%	60%	0%	0%	0%	
Over all %			41%	59%	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. Employee Signature  Gwen Morris				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

Virginia Cox

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back

12950 01 2950 02 21 200339 000238003973

URBAN LEAGUE OF ESSEX CTY

GENERAL OPERATING ACCT

12950

02/01/2020

Horizon Blue Cross Blue Shield of NJ

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

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

GL CODE: 7241 EMPLOYEE BENEFITS - HEALTH INSURANCE

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

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES NO

A/P INITIAL: PM

DATE: 11/30/20

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			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	DUUE 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

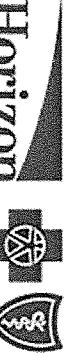
HORIZON BLUE CROSS BLUE SHIELD OF NJ
 PO BOX 10130
 NEWARK, NJ 07101-3130



PAST DUE AMOUNT	CURRENT MONTH CHARGES	PAY THIS AMOUNT	DUE DATE	STATEMENT DATE: 01/28/20
\$0.00	\$19,580.44	\$19,580.44	02/15/20	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

ATTN: R.GREGORY WARD/PATRICIA

RATING	YEAR	BILLING	PERIOD	COVERED
FROM	TO	FROM	TO	
10/15/19	10/15/20	02/15/20		03/15/20

ACCT: 310430354
508 CENTRAL AVENUE
NEWARK NJ 07107-1430

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
				X					

TEFDEF SUBSCRIBERS

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XXX-XX-5275	3HZN153265430	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	ZADULT	\$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

ATTN: R.GREGORY WARD/PATRICIA

URBAN LEAGUE OF ESSEX COUNTY
508 CENTRAL AVENUE
NEWARK NJ 07107-1430

ACCT: 310430354

RATING	YEAR
FROM	TO
10/15/19	10/15/20
BILLING PERIOD COVERED	
02/15/20	03/15/20

PAGE 2

SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S CONTRACT TYPE	ADVANTAGE EPO	PREScription	PAY LOCATION CODE	TOTAL
XXX-XX-2811	3HZN69922530	SHARIF,D.S.	M SINGLE	\$ 1,033.68	\$0.00			\$1,033.68
XXX-XX-4029	3HZN24650320	WILLIAMS,K.J.	F F SINGLE	\$625.08	\$0.00			\$625.08

TOTAL REGULAR								
TOTAL DETAIL	DETAIL BILL	- GROUP NUMBER	00-153MB	\$13,003.47	\$0.00			\$13,003.47
TOTAL DEBIT	BILL	ADJUSTMENTS		\$13,003.47	\$0.00			\$13,003.47
TOTAL CREDIT	ADJUSTMENTS							
TOTAL NET	BILL							



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

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY

508 CENTRAL AVENUE
NEWARK NJ 07107-1430
ACCT: 310430354

RATING	YEAR	BILLING PERIOD	COVERED
10/1/19	10/15/20	02/15/20	03/15/20
FROM	TO	FROM	TO

PAGE 3

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

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY508 CENTRAL AVENUE
NEWARK NJ 07107-1430

ACCT: 310430354

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

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SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S E	CONTRACT TYPE	DENTAL-G X	PAY LOCATION CODE	TOTAL
***** DETAIL BILL *****								

REGULAR SUBSCRIBERS

XXX-XX-0323		3HZN36279200	BARBER,A.	F	SINGLE	\$0.00		
XXX-XX-9241		3HZN14953700	CERNA,I	F	SINGLE	\$0.00		
XXX-XX-8733		3HZN17722950	CHAMBERS,C.M.	M	SINGLE	\$0.00		
XXX-XX-2266		3HZN21288520	FALLEN,J.L.	F	SINGLE	\$0.00		
XXX-XX-5275		3HZN145326490	FITZPATRICK,C.E.	F	SINGLE	\$0.00		
XXX-XX-0012		3HZN194251270	GREEN,Y.	F	SINGLE	\$0.00		
XXX-XX-9236		3HZN61822430	GROVE,J	M	SINGLE	\$0.00		
XXX-XX-5324		3HZN81107590	LITTLE,S.	F	SINGLE	\$0.00		
XXX-XX-3964		3HZN17758740	MORRIS,G.J	F	SINGLE	\$0.00		
XXX-XX-6006		3HZN159576950	RICHARDSON,S.M.	F	SINGLE	\$0.00		
XXX-XX-9664		3HZN25462180	ROBBINS,L.	M	SINGLE	\$0.00		



RATING	YEAR
FROM	TO
10/15/19	10/15/20
BILLING PERIOD COVERED	
FROM	TO
02/15/20	03/15/20

ACCT: 310430354

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SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	IDENTIFICATION NUMBER	EMPLOYEE NAME	S CONTRACT TYPE	DENTAL-G	PAY LOCATION CODE	TOTAL
XXX-XX-1312	3HZN8048430	SERMON,P.A.	E F SINGLE	\$0.00	\$0.00		
XXX-XX-0378	3HZN1845050	THOMAS,G.	M SINGLE	\$0.00	\$0.00		

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

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



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

RATING	YEAR
FROM	TO
10/15/19	10/15/20
02/15/20	03/15/20

DENTAL-G	REGULAR GROUP
TOTAL	DENTAL-G

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

PAGE 6

CONTRACTS COUNTS

	SINGLE	2 ADULTS	FAMILY	TYPE4	TYPE5	P&C	TOTAL
	13	0	0	0	0	0	13

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



3 BENN PLAZA EAST NEWARK NEW JERSEY 07105-2300

ATTN: R. GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY
100 CENTRAL AVENUE

RATING	YEAR	BILLING	PERIOD	COVERED
FROM	TO	FROM	TO	
10/15/19	10/15/20	02/15/20		03/15/20

508 CENTRAL AVENUE
NEWARK NJ 07107-1430

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REGULAR SUBSCRIBERS



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

RATING	YEAR	BILLING	PERIOD	COVERED
10/1/19	10/1/20	02/15/20	03/15/20	
FROM	TO	FROM	TO	

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

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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



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

ATTN: R.GREGORY WARD/PATRICIA
URBAN LEAGUE OF ESSEX COUNTY

RATING	YEAR	BILLING	PERIOD	COVERED
FROM	TO	FROM	TO	
10/15/19	10/15/20	02/15/20		03/15/20

308 CENTRAL AVENUE
NEWARK NJ 07107-1430

PAGE
6

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



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

ATTN: R.GREGORY WARD/PATRICIA

URBAN LEAGUE OF ESSEX COUNTY

508 CENTRAL AVENUE

NEWARK NJ 07107-1430

ACCT: 310430354

RATING	YEAR	BILLING	PERIOD	COVERED
FROM	TO	FROM	TO	
10/15/19	10/15/20	02/15/20	03/15/20	

PAGE 1

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

Bank of America
ACH R/T 021200339

12949
55-33/212 NJ
355

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

02/01/2020

PAY TO THE 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


William C. Smith
AUTHORIZED SIGNATURE

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

012949 0212003391 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

GENERAL OPERATING ACCT
Principal Financial Group

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 # 02.01.20PL

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
Total	\$ 116.32

368 Wells Fargo	
Darrin Sharif	\$ 69.31
Curtis McDaniel	\$ 23.91
Total	\$ 93.22

451 USJP - Mature Workers		<input type="checkbox"/> CASH	
		<input type="checkbox"/> CHECK	
		<input checked="" type="checkbox"/> CREDIT	
Gwendolyn Morris	\$ 82.32	561 ULE-HHD/FOC	68.06
Irene Cerna	\$ 47.82	451 USJP	235.20
Joanna Martinez	\$ 90.03	112 EHS	122.13
Patricia Sermon	\$ 15.03	111 Abbott	441.72
Total	\$ 235.20	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	<u>0.00</u>

467 Workforce	
Alice Frazier	\$ 12.20
Kyneisha Williams	\$ 57.91
Theresa Howard	\$ 79.44
Total	\$ 149.55

Total **\$ 68.06**

ENTERED

610 CEO	
Vivian Fraser	129.27
Total	\$ 129.27

Total **\$ 58.71**

620 Admin	
Joanna Martinez	\$ 4.74
Greg Ward	\$ 53.97
Total	\$ 58.71

Total **\$ 58.71**

Employees with Split Allocations

Patricia Sermon	\$ 75.16	USJP 20%, LISC/FOC 80%
Joanna Martinez	\$ 94.77	USJP 95%, Admin 5%
Greg Ward	\$ 59.97	Admin 90%, Coding 10%
Darrin Sharif	\$ 92.41	Coding 25%, Wells Fargo 75%
Curtis McDaniel	\$ 47.82	Wells Fargo 50%, Opport Corp 50%

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES NO

A/P INITIAL: 

DATE: 01/27/20

FISCAL OFFICE APPROVAL: 

CLASS: Various

PRESIDENT/CEO'S APPROVAL: 

CHECK #: 12949



Principal Life Insurance Company
Des Moines IA 50392

Important payment notice

002789

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

Billing statement

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

Bill produced: 01/18/2020



Important information

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

Bill summary

Account number: 1013829-10001

Due date: 02/01/2020

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

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



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.



? 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 AD&D	\$255.14 \$29.12	LTD \$318.16

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 AD&D	\$255.14 \$29.12	LTD \$318.16	Dental - EE Dental - Dep	\$757.50 \$131.18



Billing statement


Principal®

Member ID	Member name	Transaction	Adjustment
Total			\$0.00

For period: 02/01/2020 to 02/29/2020
 Account number: 1013829-10001
 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
96088228	ANDREWS, CORA	Life AD&D	10.95 1.25			\$12.20
987766449	BRYANT, RONI	Life AD&D	10.95 1.25			\$12.20
939131512	CERNA, IRENE	Life AD&D	10.95 1.25	Dental - EE	35.62	\$47.82
997886691	FITZPATRICK, CYNTHIA	Life AD&D	10.95 1.25	Dental - EE	35.62	\$62.19
954768842	FRASER, VIVIAN	Life AD&D	10.95 1.25	Dental - EE	45.71	\$129.27
964995931	FRAZIER, ALICE	Life AD&D	10.95 1.25	Dental - +1	36.86	\$12.20
933961459	GREEN, YOLANDA	Life AD&D	10.95 LTD	34.50		\$59.94
918187664	HIGGINS, ROSA	Life AD&D	7.12 0.81			\$7.93
994997640	HILL, WVNORA	Life AD&D	10.95 LTD	13.75	Dental - EE	35.62
904868263	HOLLINS, QUINTELLA	Life AD&D	10.95 1.25	Dental - EE	35.62	\$76.55
953136045	HOWARD, THERESA	Life AD&D	10.95 1.25	Dental - EE	28.73	\$79.44
991165996	LINDSEY, VICTORIA	Life AD&D	10.95 1.25	Dental - EE	35.62	\$47.82
947912374	MARTINEZ, JOANNA	Life AD&D	10.95 1.25	Dental - EE	45.71	\$94.77
923215371	MCDANIEL, CURTIS	Life AD&D	10.95 1.25	Dental - EE	36.86	\$47.82
995294138	MCMILLIAN, DAPHNE	Life AD&D	10.95 1.25	Dental - EE	35.62	\$12.20
974228761	MORRIS, GWENDOLYN	Life AD&D	10.95 LTD	34.50	Dental - EE	35.62
959584035	ROBBINS, LEONARD	Life AD&D	10.95 1.25	Dental - EE	45.71	\$92.41
987803085	SERMON, PATRICIA	Life AD&D	10.95 LTD	17.25	Dental - EE	\$75.16
987239769	SHARIF, DARRIN	Life AD&D	10.95 LTD	34.50	Dental - EE	45.71
942110057	SIMMONS, BERTRILLA	Life AD&D	10.95 LTD	32.40	Dental - EE	35.62
975852172	STEWART, ROBIN	Life AD&D	10.95 1.25	LTD	17.82	\$80.22
926910558	WARD, RICHARD	Life AD&D	7.12 0.81	LTD	6.33	\$75.73
						\$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 Dental - EE	34.50 35.62	\$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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