



Employee Pay Stub Review

Detailed Instructions for Reading
the LBUSD Pay Check Stub

PAY STUB OVERVIEW

Employee	Employee Number	Marital Status	Exemptions	Deductions	Add'l	Period Start	Period End	Pay Date
John Doe	E-XX(1)XXX-1	3 F Single	3	0.00	10/07/12	11/03/12	11/09/12	
		S Single	0	13	0.00	Warrant Number	0708675	
HOURS AND EARNINGS								
Earn Code	Hours or Units	Description	Rate	Current	YTD	Program / Resource	Program / Resource Description	
0010	137.25	REG Q/W CLASSIF	46.28	\$6,352.20				
0300	13.50	PERSONAL NECESS	46.28	\$624.81				
0080	160.00	CAREER INCREMEN	3.36	\$537.60				
0170	8.00	VACATION PAY	46.28	\$370.24				
0180	1.25	SICK LEAVE PAY	46.28	\$57.85				
2								
TOTAL GROSS				\$7,943.59	\$111,906.45			
Reduction	Current	YTD	Balances	Monthly	Hourly			
PERS RETIREMENT	\$556.05	\$7,833.45	VACATION	372.54				
DENTAL INS-EMP PD-TAX DEF	\$125.18	\$1,126.62	SICK LEAVE	113.41				
HEALTH INS-EMP PD TAX DEF	\$104.94	\$944.46	PERSONAL NECESSITY	18.50				
VISION INS-EMP PD-TAX DEF	\$0.27	\$2.43	PERSONAL LEAVE	16.00				
Total Reductions				\$786.44	\$9,906.96			
Taxable Gross				\$7,157.15				
Taxes	Current	YTD						
FEDERAL WITHHOLDING TAX	\$1,223.33	\$17,038.66						
CALIF STATE WITHHOLDING TAX	\$401.20	\$5,486.32						
OASDHI	\$323.95	\$4,612.95						
MEDICARE	\$111.84	\$1,592.56						
Total Taxes				\$2,060.32	\$28,730.49			
Deductions	Current	YTD						
SALARY ADVANCE RECOVERY	\$872.00							
LONG BEACH EDUCATION FOUNDATIO	\$5.00	\$55.00						
Total Deductions				\$877.00	\$55.00			
Total Taxes/Reductions/Deductions				\$3,723.76				
			TOTAL GROSS			\$7,943.59		
			LESS TAXES/REDUCTIONS/DEDUCTIONS			\$3,723.76		
			NET PAY OR DEPOSIT			\$4,219.83		
			Benefits Paid by LBUSD on Your Behalf					
			30086 BLUESHIELD PPO FAMILY		\$1,533.77			
			30320 DISTRICT PAID PERS		\$906.92			
			30225 DISTRICT PAID OASDHI		\$478.22			
			30550 WORKERS COMPENSATION INS		\$166.82			
			30220 POST EMPLOYMENT BENEFIT		\$153.08			
			30230 DISTRICT PAID MEDICARE		\$111.84			
			30510 STATE UNEMPLOYMENT INS		\$87.38			
			30102 DENTAL PPO FAMILY		\$59.96			
			30200 POST EMPLOYMENT BENEFIT %		\$12.71			
			30041 LIFE INSURANCE		\$7.38			
			30096 VISION		\$3.91			
			30076 EMP. ASSISTANCE PLAN (E.A.S.E.)		\$0.78			
			Total Benefits Paid by Employer			\$3,522.77		

EMPLOYEE INFORMATION OVERVIEW

Employee	Employee Number	Marital Status	Exemptions	Deductions	Add'l	Period Start	Period End	Pay Date
John Doe	E-XXXXXX 1	Single	3		0.00	10/07/12	11/03/12	11/09/12
		Single	0	13	0.00		Warrant Number	0708675

HOURS AND EARNINGS					Program / Resource	Program / Resource Description
Earn Code	Hours or Units	Description	Rate	Current	YTD	
0010	137.25	REG Q/W CLASSIF	46.28	\$6,352.20		
0300	13.50	PERSONAL NECESS	46.28	\$624.78		
0080	160.00	CAREER INCREMEN	3.36	\$537.60		
0170	8.00	VACATION PAY	46.28	\$370.24		
0180	1.25	SICK LEAVE PAY	46.28	\$57.85		
2						
TOTAL GROSS				\$7,943.59	\$111,906.45	

Section 1

This section shows your personal details as an employee along with the details of the pay period

1. **Employee:** Your First and Last name
2. **Employee Number:** Your assigned personal ID number for the LBUSD
3. **Marital Status:** Your personal relationship status provided by you to the LBUSD on your W-4 form
4. **Exemptions:** The number of exemptions provided by you to the LBUSD on your W-4 form
5. **Deductions:** Your total number of deductions provided by you to LBUSD
6. **Add'l:** Any additional dollar amount that you requested to be taken out of your taxes on your W-4 form
7. **Period Start:** The start date of that specific pay period
8. **Period End:** The end date of that specific pay period
9. **Pay Date:** The date that this pay period was paid on
10. **Warrant Number:** This is the check number

Section 2

This section reviews your personal pay information for that specific pay period

1. **Earn Code:** The earnings code associated with your assignment
2. **Hours or Units:** The total number of hours or units worked on that assignment
3. **Description:** The description of your assignment
4. **Rate:** The rate that you have been paid
5. **Current:** The total amount paid out on that specific assignment for that pay period
6. **YTD:** Your year to date amount paid
7. **Program/Resource:** Account being charged (if applicable)
8. **Program/Resource Description:** Account description
9. **Total Gross:** Your total Gross pay, before taxes, for the current pay period along with the year to date gross

ITEMIZED DEDUCTIONS

Reduction	Current	YTD
PERS RETIREMENT	\$556.05	\$7,833.45
DENTAL INS-EMP PD-TAX DEF	\$125.18	\$1,126.62
HEALTH INS-EMP PD TAX DEF	\$104.94	\$944.46
VISION INS-EMP PD-TAX DEF	\$0.27	\$2.43
Total Reductions	\$786.44	\$9,906.96
Taxable Gross	\$7,157.15	
Taxes	Current	YTD
FEDERAL WITHHOLDING TAX	\$1,223.33	\$17,038.66
CALIF STATE WITHHOLDING TAX	\$401.20	\$5,486.32
OASDHI	\$323.95	\$4,612.95
MEDICARE	\$111.84	\$1,592.56
Total Taxes	\$2,060.32	\$28,730.49
Deductions	Current	YTD
SALARY ADVANCE RECOVERY	\$872.00	
LONG BEACH EDUCATION FOUNDATIO	\$5.00	\$55.00
Total Deductions	\$877.00	\$55.00
Total Taxes/Reductions/Deductions	\$3,723.76	

Section 3

This section is a review of all pre-tax deductions.

1. **Current:** The current amount paid into this pre-tax deduction for this pay period
2. **YTD:** The total amount you have paid into each pre-tax deduction for the entire year
3. **Total Reductions:** The total amount of your current pre-tax deductions and year to date amount
4. **Taxable Gross:** This is the total amount that you will be taxed on. This is your total gross pay minus your pre-tax deductions.

Section 4

This section is a review of all tax deductions for federal and state.

1. **Current:** This is the total amount deducted for this pay period
2. **YTD:** This is the total amount deducted for the entire year up to this pay date
3. **Total Taxes:** This is the lump sum total of your taxes for this pay period and for the year to date

Section 5

This section lists all of your post-tax deductions

1. **Current:** This is the deduction amount taken from this pay period
2. **YTD:** This is the total amount deducted from this deduction for the year to date
3. **Total Deductions:** This is the lump sum total of your deductions for current and year to date
4. **Total Taxes/Reductions/Deductions:** This is the total amount of all your taxes, reductions and deductions added together

NET/GROSS PAY & BALANCES

TOTAL GROSS	6	\$7,943.59
LESS TAXES/REDUCTIONS/DEDUCTIONS		\$3,723.76
NET PAY OR DEPOSIT		\$4,219.83

Balances		Monthly	Hourly
VACATION		372.54	
SICK LEAVE	7	113.41	
PERSONAL NECESSITY		18.50	
PERSONAL LEAVE		16.00	

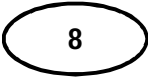
Section 6

- This section is a summary of your entire paystub providing your net pay
- 1. Total Gross:** This is your gross pay provided in section two
 - 2. Less Taxes/Reductions/Deductions:** This is the total from sections three, four and five that will be subtracted from the total gross amount
 - 3. Net Pay or Deposit:** This is the amount from your gross pay minus your taxes, reductions and deductions that will be deposited to your account or will be provided on a check for you to cash.

Section 7

- This section lists your paid time off balances. Your balances (vacation, sick, personal necessity or personal leave) will vary from other employees dependent upon your employee status.
- 1. Monthly:** If you are a monthly employee your total amount of hours available will be listed here. This is the amount accrued less the amount you have used.
 - 2. Hourly:** If you are an hourly employee your total amount of hours will be listed here. This is the amount accrued less the amount you have used.

BENEFITS PAID BY LBUSD

Benefits Paid by LBUSD on Your Behalf	
30086 BLUESHIELD PPO FAMILY	\$1,533.77
30320 DISTRICT PAID PERS	\$906.92
30225 DISTRICT PAID OASDHI	\$478.22
30550 WORKERS COMPENSATION INS	\$166.82
30220 POST EMPLOYMENT BENEFIT	\$153.08
30230 DISTRICT PAID MEDICARE	\$111.84
30510 STATE UNEMPLOYMENT INS	\$87.38
30102 DENTAL PPO FAMILY	\$59.96
30200 POST EMPLOYMENT BENEFIT %	\$12.71
30041 LIFE INSURANCE	\$7.38
30096 VISION	\$3.91
30076 EMP. ASSISTANCE PLAN (E.A.S.E.)	\$0.78
	
Total Benefits Paid by Employer	\$3,522.77

Section 8

□ This section is a review of the benefits paid on your behalf by the LBUSD. Each individual paystubs will vary. The example shown is for a Classified employee.

1. **30086 BLUESHIELD PPO FAMILY:** This is the amount paid for your medical insurance during this pay period.
2. **30320 DISTRICT PAID PERS:** This is the District contribution to retirement system (PERS).
3. **30225 DISTRICT PAID OASDHI:** This is the District contribution to Social Security.
4. **30550 WORKERS COMPENSATION INS:** This is the amount charged on wages to cover the cost of workers compensation benefits for employees.
5. **30220 POST EMPLOYMENT BENEFIT:** This is the amount set aside for retiree benefits. The District pays a flat amount per active employee.
6. **30230 DISTRICT PAID MEDICARE:** This is the District contribution for Medicare.
7. **30510 STATE UNEMPLOYMENT INS:** This is the District contribution to State Unemployment Insurance.
8. **30102 DENTAL PPO FAMILY:** This is the amount paid for your dental insurance.
9. **30200 POST EMPLOYMENT BENEFIT %:** This is the amount charged on wages to cover the cost of current retiree benefits.
10. **30041 LIFE INSURANCE:** This is the amount paid for your life insurance.
11. **30096 VISION:** This is the amount paid for your vision insurance.
12. **30076 EMP. ASSISTANCE PLAN (E.A.S.E.):** This is the amount paid for E.A.S.E. benefit.