

# **LONG BEACH**

**UNIFIED • SCHOOL • DISTRICT**

## **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	
<b>HOURS AND EARNINGS</b>								
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				
<b>2</b>								
<b>TOTAL GROSS</b>				\$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				
<b>Total Reductions</b>				\$786.44	\$9,906.96			
<b>Taxable Gross</b>				\$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						
<b>Total Taxes</b>				\$2,060.32	\$28,730.49			
Deductions	Current	YTD						
SALARY ADVANCE RECOVERY	\$872.00							
LONG BEACH EDUCATION FOUNDATIO	\$5.00	\$55.00						
<b>Total Deductions</b>				\$877.00	\$55.00			
<b>Total Taxes/Reductions/Deductions</b>				\$3,723.76				
			<b>TOTAL GROSS</b>		\$7,943.59			
			<b>LESS TAXES/REDUCTIONS/DEDUCTIONS</b>		\$3,723.76			
			<b>NET PAY OR DEPOSIT</b>		\$4,219.83			
			<b>Benefits Paid by LBUSD on Your Behalf</b>					
			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			
			<b>Total Benefits Paid by Employer</b>		\$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 <b>1</b>	Single	3		0.00	10/07/12	11/03/12	11/09/12
		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	\$624.78			
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			

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
<b>Total Reductions</b>	<b>\$786.44</b>	<b>\$9,906.96</b>
<b>Taxable Gross</b>	<b>\$7,157.15</b>	
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
<b>Total Taxes</b>	<b>\$2,060.32</b>	<b>\$28,730.49</b>
Deductions	Current	YTD
SALARY ADVANCE RECOVERY	\$872.00	
LONG BEACH EDUCATION FOUNDATIO	\$5.00	\$55.00
<b>Total Deductions</b>	<b>\$877.00</b>	<b>\$55.00</b>
<b>Total Taxes/Reductions/Deductions</b>	<b>\$3,723.76</b>	

## 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

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

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
<b>8</b>	
<b>Total Benefits Paid by Employer</b>	<b>\$3,522.77</b>

## 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.