Understanding Your Paycheck - Licensed

Section A General Information	Employer Name, Business Identification Number (5031636) and phone number. Employee Name, Pay period Number, Pay Cycle Start/End of the Pay Period for Salaries Payable, Pay Date & Direct Deposit Date
Federal / State:	Federal & State tax withholding based on current W-4 on file.
Earnings: **Section B**	Description of payment for regular pay or supplemental pay. Stipend pay descriptions will be labeled Stipend Extra hours: the number of hours will be listed under Reg Hrs.
Reg Hrs:	Regular position hours paid for the current pay cycle equal the number of hours for the month based on work calendar for this position. Regular hours for supplemental pay, equal the number of hours from last payroll cutoff date to the current cutoff date. *
Rate:	Hourly pay rate based on salary schedule placement, bargaining unit agreement, or methods of pay memo.
Amt:	Amount paid for the current pay cycle. Regular position amount is usually 1/12 of annual amount for 12 equal payments. Note: Due to pay averaging, the rate multiplied by the hours, will not equal “Amt” because the amount represents 1/12th of annual pay. Supplemental pay: Rate multiplied by the hours. Stipend pay: Full amount will be divided into equal payments based on payment schedule.
FTD:	Fiscal year to date totals from July 1 through June 30.
YTD:	Calendar year to date totals from January 1 through December 31.
Earnings Total:	Gross pay before deductions for the current pay cycle.
Employee Deductions: **Section C**	Amounts listed are deducted from your gross pay. Employee paid deductions include mandatory taxes, health insurance, American Fidelity insurance, union dues, tax shelter annuities, etc.
Deductions Total:	Total deductions for this pay period (Gross pay, less deductions, equals Net pay).
Employer Paid Benefits: **Section F**	Benefits paid on the employee’s behalf by Woodburn School District. Employer paid benefits include mandatory taxes, health insurance, and PERS.

Leave Accumulated: (Fiscal Year) **Section D**	Description of Leave Plan Examples: Personal Leave - 3 Days (Licensed), Sick Leave - 10 Month Employees.
Beg Bal:	Total amount of leave carried forward from previous fiscal year.
Used:	Total amount of leave used for the current fiscal year (Used leave is posted from last payroll cutoff date to current payroll cutoff date.*)
Accr:	Total amount of leave accrued for the current fiscal year. Regular Sick Leave, and Personal Leave accrued at beginning of each fiscal year, or at initial start date.
Adj:	Total adjustments for current fiscal year. Adjustments include dock for negative balances and donation to sick leave bank.
Bal:	Amount of leave available as of the current payroll cutoff date. *
Leave Current: (Pay Cycle) **Section E**	Examples: Sick Leave - 10 Month Employees, Personal Leave - 3 Days (Licensed).
Used:	Total of leave posted for this pay cycle. Leave from last payroll cutoff date to current cutoff date. *
Accr:	Total amount of leave accrued for this pay cycle.
Adj:	Adjustments posted for current pay cycle. Adjustments include dock for negative balances, and donation to sick leave bank.
Section G Net Amount	The amount due to the employee after all of Employee Deductions are processed from Section C.
Section H Check/ Direct Deposit Copy	On a paycheck, this is where the actual check is. For Direct deposits, this is the direct deposit receipt. The employee name and address will reflect in both the check and direct deposit slip.

For additional questions regarding your paycheck please call Liz in the Payroll Office (503)982-4277.

* Payroll cutoff dates and pay dates are available on the District website.

Marion County School District 103
Woodburn Public Schools
1390 Meridian DR
Woodburn, OR 97071

SECTION H

DIRECT DEPOSIT RECEIPT

PAYROLL
PAY DATE: 11/25/2025

DIRECT DEPOSIT AMOUNT: ***Three Thousand Two Hundred Ninety Two and 96/100 Dollars* $3,292.96**

Employee Name
Employee Address
Woodburn, OR 97071

NON - NEGOTIABLE

SECTION A

Marion County School District 103 **Woodburn, OR 97071** **5031636** **503-981-9555**

Employee Name	5	MONTHLY	11/01/2025	11/30/2025	11/25/2025	11/25/2025
Employee Name	**Period**	**Pay Cycle**	**Start Date**	**End Date**	**Pay Date**	**Deposit**
Federal: Married filing jointly, Exe: 0		State: OR, Allowance: 0, Married				

SECTION B

EARNINGS		Reg Hrs	O/T Hrs	Rate	O/T Rate	Amt	Over time	YTD
Adj: Educational Assistar		-23.00	0.00	26.64	0.00	-612.72	0.00	0.00
Other Accum.		0.00	0.00	0.00	0.00	0.00	0.00	4,556.93
District Substitute-Classifi	H	24.50	0.00	30.23	45.35	740.64	0.00	1,738.23
Educational Assistant	H	135.00	0.00	26.64	39.96	3,123.50	0.00	32,074.86
Extended Hours	H	8.25	47.00	26.64	39.96	219.78	878.12	9,409.25
EARNINGS Total:		144.75	47.00			5,349.32		47,779.27

SECTION C

EMPLOYEE DEDUCTIONS	Amount	YTD
D - 403b Ivy Funds(Waddell & Reed)	30.00	330.00
D - 403b Security Benefit	350.00	3,850.00
D - Direct Deposit (Addt'll #2)	300.00	3,600.00
D - OEBB Standard AD&D Supp	7.50	82.50
D - Sect 125 (Amer Fid Flex Spending)	30.00	330.00
T - Federal Tax	526.67	4,387.97
T - FICA (Medicare)	77.59	692.14
T - FICA (Social Security)	331.78	2,959.52
T - OR Transit Tax	4.97	43.55
T - State Tax Oregon	395.93	3,724.74
T - WBFA - Hours Assessment	1.92	17.29
D - Direct Deposit (Net Pay)	3,292.96	27,761.56
DEDUCTIONS Total:	5,349.32	47,779.27

SECTION D

LEAVE ACCUMULATED	Beg Bal	Used	Accr	Adj	Bal
Dock Time	0.00	27.25	0.00	27.25	0.00
Personal Leave - 3 Days (Classified)	0.00	0.00	22.50	0.00	22.50
Sick Leave - 10 Month Employees	132.52	20.25	75.00	0.00	187.27

SECTION E

LEAVE CURRENT	Used	Accr	Adj
Dock Time	15.50	0.00	23.00
Sick Leave - 10 Month Employees	9.75	0.00	0.00

SECTION F

EMPLOYER PAID BENEFITS	Amount	YTD
D - Sect 125 OEBB Med Class	1,608.03	17,525.29
I - OEBB Class. Dental &/or Vision	198.96	2,146.40
I - OEBB Class. Life/ADD/STD	6.15	67.25

SECTION F , continued

EMPLOYER PAID BENEFITS	Amount	YTD
P - PERS (ER Paid PU) Tier I/II	320.96	2,866.76
P - PERS (ER Tier I/II)	695.41	5,965.57
P - PERS (UAL) TierI/II	803.47	7,382.11
T - FICA (Medicare)	77.59	692.14
T - FICA (Social Security)	331.78	2,959.52
T - OR PFMLI - EE Pickup	31.92	284.70
T - OR PFMLI - ER Portion	21.28	189.79
T - WBFA - Hours Assessment	1.92	17.29
WC - DTEC	0.47	4.51
WC - ER 8868 - Prof	11.92	111.93
WC - TRIA	0.24	2.27
BENEFITS Total:	4,110.10	40,215.53

Verify name, address and SSN for W-2 processing. Contact the Payroll Dept for changes. Submit a new form W-4 if your marital status or withholding allowances have changed or will change for the next year.

SECTION G

340 Lincoln

Net Amount: $3,292.96