

CITY OF ARNOLD PAYROLL WARRANT

PAYROLL PERIOD ENDED: 6/19/15 PAYROLL WARRANT NUMBER: 1215
PAYCHECKS DATED: 6/24/15 PAYROLL NUMBER: 2015-13

DETAIL OF GROSS PAYROLL

DETAIL OF DEDUCTIONS WITHHELD

REGULAR	203,616.49	FICA/MEDICARE	18,684.35
REGULAR- P.T.	24,812.02	FEDERAL	27,495.21
HOLIDAY	-	STATE	10,318.00
VACATION	13,414.53	LOCAL	107.23
SICK	4,630.37	POLICE PENSION	8,811.27
OVERTIME	6,122.49	GARNISHMENT	1,272.00
OVERTIME - P.T.	-	VOYA ING	2,304.20
PERSONAL TIME	562.13	ICMA	261.33
HOLIDAY PAY	-	VISION	-
LONGEVITY	-	SUPPLEMENTAL LIFE	301.20
COMP TIME	2,068.51	SHORT TERM DISABILITY	170.85
FUNERAL LEAVE	-	FLEX SPENDING	1,985.61
MILITARY LEAVE	-	DEPENDENT CARE	76.92
ON-CALL	339.04	HEALTH INS-EMPLOYEE COST	5,654.08
VEHICLE	200.00	REC MEMBERSHIP	305.77
SECONDARY REGULAR-Swim	1,080.00	AFLAC	567.43
PHONE ALLOWANCE/IPAD	50.00	DENTAL	4,200.96
CLOTHING ALLOWANCE	-	LEISURE PASS	-
LOCK-IN REC CENTER	-	HEALTH INS-SPOUSE	-
TOTAL GROSS PAY	<u>256,895.58</u>	BANKRUPTCY PAY	-
		GOLF MEMBERSHIP	-
PAYROLL SUMMARY		IPAD PAY	-
GROSS PAY	256,895.58	DATA PLAN	-
DEDUCTIONS	82,516.41	Washington Nat'l	-
NET PAY	<u>174,379.17</u>	TOTAL DEDUCTIONS	<u>82,516.41</u>

I certify the monies referenced by this warrant are due and owing by the City of Arnold.

DATE _____ CITY CLERK _____

The warrant has been approved by the Council of the City of Arnold.

DATE _____ MAYOR _____

I certify that cash is available from the appropriate fund for payment of this warrant.

DATE _____ TREASURER _____

CITY OF ARNOLD PAYROLL 2015-13
DETAIL OF OVERTIME BY DEPARTMENT P/R P/E 6/19/15

<u>DEPARTMENT</u>	<u>TOTAL OVERTIME</u>	
IT DEPT		
GEN & ADM		
MAYOR/PARKS		
ADMINISTRATOR		
TOURISM		
FINANCE		
CLERK/COLLECTOR		
PLANNING		
POLICE	5,449.10	Traffic Grant, DWI Grant, ICE
DISPATCHERS	277.16	scheduled overtime
BUILDING		
PUBLIC WORKS		
FLEET		
STREET	203.76	Call out tree on road
PARKS		
RECREATION		
HEALTH		
RABIES	192.47	Call out, clean pound
GOLF		
SEWER		
STORMWATER		
PARKS PT EMPLOYEE		
	TOTAL	6,122.49