

PUBLIC DISCLOSURE COMM
PO BOX 41465
OLYMPIA WA 98504-1465



STATE OF WASHINGTON
Earnings and Deductions Statement

PEEPLES, COLIN
6246 LIBBY RD NE
OLYMPIA WA 98506-1627

Personnel #	20103821
Payroll Date	12/24/2020
Pay Period	2020-24
Pay Period Begin	12/01/2020
Pay Period End	12/15/2020
Payroll Area	11 Semi-Monthly
Exemptions #	00
W/H Status	Ma. Joint.
Anniversary Date	04/14/2017
Personnel Area	0820
Location	

Total Earnings	Allowances (Added)	Mandatory Deductions (Subtracted)	Employee Deductions (Subtracted)	Adjustments (Added)	TOTAL NET PAY
1,794.15	0.00	138.10	381.29	0.00	1,274.76

Payment Type	Payment Number	Account Type	Payment Bank	Amount
Direct Deposit	V306193	Checking	TWINSTAR CREDIT UNION	1,274.76
Total Net Payment				1,274.76

Leave / Quota Balances	Starting	Earned	Taken	Adjusted	Ending Balance	
Sick Leave	61.32	6.50	0.00	0.00	67.82	
Vacation Leave	120.02	8.67	0.00	0.00	128.69	
Compensatory Time	0.00	0.00	0.00	0.00	0.00	
Personal Holiday - Shift	0.00	0.00	0.00	0.00	0.00	Use before 12/31/9999
Emergency Paid Leave	0.00	0.00	0.00	0.00	0.00	

Position Title	Earnings Period	Earnings Type	Hours/Unit	Rate	Amount	YTD
CUSTOMER SERVICE SPECIALIST 3						
	2020-24	1003 Pay Period Salary	81.00	0.00	1,794.15	34,383.31
		1216 Overtime Premium	0.00	0.00	0.00	77.30
		1225 Extra Hours Worked	0.00	0.00	0.00	286.99
		1232 OT FLSA 1.5 All Agy	0.00	0.00	0.00	154.54
		1261 Unpaid Absences	0.00	0.00	0.00	382.92
		1305 annual leave for all agys	0.00	0.00	0.00	1,862.40
		1310 Sick pay for all agys	0.00	0.00	0.00	1,182.31
		1315 Pers Holiday pay-all agys	0.00	0.00	0.00	193.55
		1331 Holiday pay for all agys	0.00	0.00	0.00	1,268.27
		1338 Comp Time taken-all	0.00	0.00	0.00	15.05
		1379 Emergency Paid FMLEA	0.00	0.00	0.00	149.49
		1381 Emergency Paid SLA Care	0.00	0.00	0.00	1,048.59
		1382 LWOP Tmp Layoff/ShrdWork	0.00	0.00	0.00	1,296.33
		Total Earnings			1,794.15	40,621.80
Allowances					Amount	YTD
Total Allowances					0.00	0.00
Taxable Noncash Earnings					Amount	YTD
Total Taxable Noncash Earnings					0.00	0.00
Employee Mandatory Deductions					Amount	YTD
/401 TX Withholding Tax					0.00	2,103.68
/403 TX EE Social Security Tax					102.07	2,326.32
/405 TX EE Medicare Tax					23.87	544.06
/442 TX EE Suplmtal Pension Tx					4.96	93.70
/443 TX EE Medical Aid Fund Ta					2.64	50.34
/487 TX EE Family Leave Insur					2.40	54.76
/499 TX EE Medical Leave Insur					2.16	49.29
Total Employee Mandatory Deductions					138.10	5,222.15
Employee Deductions					Amount	YTD
2125 MetLife Insurance					1.84	44.28
2256 Deferred Comp					89.71	957.11
2266 P2 PERS 2					141.74	3,150.14
2531 Uniform Pre-Tax					148.00	3,552.00
3231 Gross Offset/Ovrpmt					0.00	451.43-
Total Employee Deductions					381.29	7,252.10
Employer Contributions					Amount	YTD
/404 TX ER Social Security Tax					102.07	2,326.32
/406 TX ER Medicare Tax					23.87	544.06
/432 TX ER Accident Fund Tax					8.29	157.60
/433 TX ER Medical Aid Fund Ta					2.64	50.34
/434 TX ER Suplmtal Pension Tx					4.96	93.70
2366 P2 ER Pers Plan 2					232.70	5,141.32
2550 PEBB Funding Rate					488.00	11,490.00
Total Employer Contributions					862.53	19,803.34