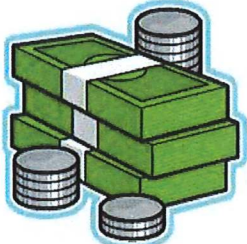


2022-2023 PAYROLL PAY PERIODS

<u>TIMESHEET DATES INCLUDED IN PAY</u>	<u>Timesheets Must be on Denise's Desk</u>	<u>PAY DATE</u>
8/16 - 8/31	9/1/2022	9/15/2022
9/1 - 9/15	9/16/2022	9/30/2022
9/16 - 9/30	10/3/2022	10/14/2022
10/1 - 10/14	10/17/2022	10/28/2022
10/17 - 10/31	11/1/2022	11/15/2022
11/1 - 11/15	11/16/2022	11/30/2022
11/16 - 11/30	12/1/2022	*12/15/2022
12/1 - 12/9	12/12/2022	**12/23/2022
12/12 - 12/30	1/2/2023	1/13/2023
1/2 - 1/13	1/16/2023	1/30/2022
1/16 - 1/31	2/1/2023	2/15/2023
2/1 - 2/15	2/16/2023	2/28/2023
2/16 - 2/28	3/1/2023	*3/15/2023
3/1 - 3/15	3/16/2023	3/30/2023
3/16 - 3/23	3/24/2023	***4/6/2023
3/24 - 4/14	4/17/2023	4/28/2023
4/17 - 4/28	5/1/2023	5/15/2023
5/1 - 5/15	5/16/2023	5/30/2023
5/16 - 5/31	6/1/2023	*6/15/2023
6/1 - 6/16	6/19/2023	6/30/2023
6/19 - 6/30	7/3/2023	7/15/2023
		
Reminders: No late time sheets will be accepted. No scanned times sheets will be accepted. Please do not accumulate time sheets.		
* Co-Curricular Payroll		
** Tight Payroll		
*** Extremely Tight Payroll		
	Number of Time Sheets	Administrator Initials

EMPLOYEE'S AUTHORIZATION FOR DIRECT DEPOSIT:

Please fill out and return this form to the Payroll Department

I, _____, authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account

_____ Savings Account

Each pay period. I understand that it is my responsibility to notify the payroll department of any changes to my bank information.

The Clayton Board of Education adopted a mandatory direct deposit resolution on August 19, 2014 as allowed by law. It goes into effect January 1, 2015.

Account One:

Amount: _____

:										:	
---	--	--	--	--	--	--	--	--	--	---	--

Write the 9 Digit Routing Number above.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number Information

Account Two:

Amount: _____

:										:	
---	--	--	--	--	--	--	--	--	--	---	--

Write the 9 Digit Routing Number above.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number Information

Account Three:

Amount: _____

:										:	
---	--	--	--	--	--	--	--	--	--	---	--

Write the 9 Digit Routing Number above.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number Information

CHECKING ACCOUNT: Attach a voided check and record the transit number for that account on this form. If you are not sure, contact your financial institution for assistance prior to submitting this form.

SAVINGS ACCOUNT: Attach a savings deposit slip and record the transit number for that account on this form. If you are not sure which number to use, contact your financial institution for assistance prior to submitting this form.

Date

Signature

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Name of Health Insurance. _____

Current Medical Conditions. _____

Allergies. _____

Medications. _____

Doctor Name. _____ Phone # _____

Employee Signature _____ Date _____

2022 DESCRIPTION OF DEDUCTIONS

FWT	Federal Tax (Table) Federal Flat Rate = 22%
SWT	State Tax (Table)
FICA	Social Security-6.2% (breakpoint \$9,114.00) (Maximum wage \$147,000.00)
SUI	State Unemployment Insurance-0.425% (breakpoint \$169.15) (Maximum wage \$39,800.00)
MEDI	Medicare-1.45%
F.L.I.	Family Leave Insurance-0.1400% (breakpoint \$212.66) (Maximum wage \$151,900.00)
FRINGE	Imputed Income
UN WAY	United Way
ATTCHE	Wage Attachments
PENS	Teacher Pension Annuity Fund (TPAF) (7.50%)
PENSN	Public Employee Annuity Fund (PERS) (7.50%)
BCDED	Pension Back Deduction
LOAN	Pension Loan
ARREAR	Pension Arrears
CNIS	Pension Insurance (TPAF-0.4000%) (PERS-0.5000%)
BKCNIS	Pension Back insurance
DCRP	DCRP Pension (5.5000%)
LINVST	Lincoln Investment (TSA)
529	529 Lincoln Investment
EQUIT	Equitable (TSA)
VALIC	Valic (TSA)
AM. GE.	American General (disability)
PRUDEN	Prudential Insurance (disability)
DISAB.	Hartford (disability)
AFLAC1	Pre-Tax Disability/Health
AFLAC2	After Tax Disability/Health
DENTAL	Dental
HBCONT	Employee's contribution health insurance
FSA	Flexible Spending Plan
NJEA	NJEA Dues
NJEA	NJEA Voluntary Extra