

Your Munis ID # and ESS Username

The # of the department you work in

The date you receive payment

The period of time you are being paid for

Your total net pay amount

The check, or direct deposit #

City Of Madison, Madison, WI 53703-3345

Direct Deposit Amount \$1,917.95

| Employee No. | Employee Name | Dept.   | Direct Deposit Date | Payroll Period        | Type     | Advice No.   |  |          |          |          |              |
|--------------|---------------|---------|---------------------|-----------------------|----------|--------------|--|----------|----------|----------|--------------|
| 12345        | YOUR NAME     | 1500    | 02/02/2024          | 01/07/2024-01/20/2024 | REGULAR  | 1268865      |  |          |          |          |              |
| Earnings     |               | Rate    | Hours               | Current               | YTD      | Deductions   |  | Current  | YTD      | Employer | Employer YTD |
| REGULAR      |               | 39.6493 | 69.75               | 2,765.54              | 8,102.19 | FICA TAX     |  | 173.25   | 516.06   | 173.25   | 516.06       |
| VACATION     |               |         |                     |                       |          | MEDICARE TAX |  | 40.52    | 120.69   | 40.52    | 120.69       |
| HOLIDAY      |               | 39.6493 | 7.75                | 307.28                | 921.84   | FEDERAL TAX  |  | 239.15   | 711.30   |          |              |
|              |               |         |                     |                       |          | STATE TAX    |  | 143.45   | 427.31   |          |              |
|              |               |         |                     |                       |          | HEALTH INS   |  | 155.42   | 310.84   | 1,748.60 | 3,497.20     |
|              |               |         |                     |                       |          | FLEX MEDICAL |  | 123.08   | 369.24   |          |              |
|              |               |         |                     |                       |          | VISION INS   |  |          | 12.19    |          |              |
|              |               |         |                     |                       |          | DENTAL INS   |  |          | 84.42    |          |              |
|              |               |         |                     |                       |          | WRS-GENERAL  |  | 212.02   | 627.91   | 212.02   | 627.91       |
|              |               |         |                     |                       |          | LIFE - 300%  |  | 33.75    | 67.50    |          |              |
|              |               |         |                     |                       |          | DEP LIFE - 2 |  | 3.50     | 7.00     |          |              |
|              |               |         |                     |                       |          | WAGE INS     |  |          |          |          | 39.54        |
|              |               |         |                     |                       |          | LO 60 DUES   |  | 30.73    | 91.01    |          |              |
|              |               |         |                     |                       |          | DEPOSITS:    |  |          |          |          |              |
|              |               |         |                     |                       |          | DIR DEP NET  |  | 1,117.95 | 3,404.81 |          |              |
|              |               |         |                     |                       |          | DIR DEP S    |  | 800.00   | 2,350.00 |          |              |

Type of pay

The rate of pay for that type of pay

Number of hours you are being paid for

Total pay for this pay period

Total pay for the year to date

Type of deduction

Total of deduction amount for this pay

Total deduction for the year to date

Amount paid by the City of Madison for this pay period

Total paid by the City of Madison for the year to date

Federal tax withholding you selected

WI State tax withholding you selected

Withholding Allowances

| Filing Status | Exempt | Exemptions | Step 2 Box | Dependent Amt. | Other Income  | Deductions | Extra Amount |
|---------------|--------|------------|------------|----------------|---------------|------------|--------------|
| Federal State | H S    | N N        | 0 0        | N N            | 2,000.00 0.00 | 0.00 0.00  | 120.00 20.00 |

| Leave     | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Direct Deposit Totals |          |          |
|-----------|-----------|--------|------|---------|------------|----------|-----------------------|----------|----------|
| SICK      | 823.49    | 3.88   |      | 827.37  | 11.64      |          | Type                  | Current  | YTD      |
| VACATION  | 296.24    |        |      | 296.24  | 209.25     | 2.00     | Gross Pay             | 3,072.82 | 9,100.28 |
| FLOAT     | 27.13     |        |      | 27.13   | 27.13      |          | Deductions            | 1,154.87 | 3,345.47 |
| COMP TIME | 80.00     |        |      | 80.00   |            |          | Net Pay               | 1,917.95 | 5,754.81 |

Accrual type, or type of paid leave

Balance at the start of the pay period

Hours earned/used during this pay period

Balance at the end of the pay period

Accrual hours earned/used for the year to date

Summary of pay, less deductions, totaling net pay

Summary for current pay period

Summary for year to date



City of Madison  
210 Martin Luther King Jr Blvd Room 406  
Madison, WI 53703-3345  
(608) 266-4871

The # of the department you work in

1500  
YOUR NAME  
YOUR ADDRESS  
CITY STATE ZIP

Your mailing address

**DIRECT DEPOSIT  
NON-NEGOTIABLE**

Indicates payment was made via direct deposit or paper check

SEE ALSO – GLOSSARY OF PAYROLL TERMS  
EMPLOYEEENET > FINANCE > PAYROLL > PAYROLL CLERK RESOURCES  
<https://www.cityofmadison.com/employeeenet/finance/documents/GlossaryPayroll.pdf>