

Employee Name: James Armbruster

Data

Employee #: 000007	Workers Comp: Drivers & Helpers	Date of Birth: 08/07/1950
3rd Party ID:	Cost Center: Mail Clerk	Date Hired: 01/29/2000
Address: 333 Nectarine Circle	Department: Administration	Date Left:
	Active: Yes	Last Review: 01/29/2007
Florence, SC 29501	SSN: 342-56-2345	Next Review: 01/28/2008
Phone:		Last Raise: 01/29/2007

Personnel

Job Description: Mail Clerk
Last Evaluation: Self Starter. Works well with little supervision.
Spouse Information: Iredell Armbruster **DOB**
Emergency Contact: Iredell Armbruster

Taxes

Federal Exemptions: 1	State Exemptions: 0
Extra W/H (Fed): \$0.00	Extra W/H (State): \$0.00

Tax Tables

Federal: FED - married
EIC:
State: SC - All

Tax Exemptions

FICA Exempt: No
FUTA Exempt: Yes
Suta Exempt: Yes

W-2 Elections

Statutory Employee: No
Third party sick pay: No
Retirement Plan: Yes

Local 1:
Local 2:
Local 3:

Pay

Hourly **Pay Frequency: Semi-Monthly**

Hours: 30 **Rate:** \$11.00 **Gross:** \$330.00 **O/T Rate:** \$16.50

<u>PT</u>	<u>Pay Source</u>	<u>CC#</u>	<u>Cost Center</u>	<u>RT</u>	<u>Hours</u>	<u>Rate</u>	<u>Gross</u>
009	Hourly Office Staff	000014	Mail Clerk	H	0	\$11.00	\$0.00
009	Hourly Office Staff	000014	Mail Clerk	O	0	\$16.50	\$0.00

Adjustments

<u>Adj#</u>	<u>Cat #</u>	<u>Description</u>	<u>%/\$</u>	<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Limit</u>
002	DED	Disability Insurance	\$	IND	\$25.00	IND	\$0.00
004	DED	Dental Insurance	\$	IND	\$25.00	IND	\$0.00

Vacation

	<u>Rem</u>	<u>Max</u>	Total:	
Carry Over:	0.0000	40.0000	3.3300	
Current Yr:	3.3300	80.0000		