



IHSS Earnings Statement
* **DUPLICATE** *

Direct Deposit
99117726

Recipient	SARAH W		ID 0318101					
Payee/Provider	Tammy Webb		ID 000645698					
Service Period:	07/16/2022 to 07/31/2022		Deductions	Current	YTD			
Timesheet #	4137294707					Federal	\$ 0.00	\$ 0.00
Process Date:	08/01/2022					State	\$ 0.00	\$ 0.00
Pay Rate:	\$15.50					FICA	\$ 83.56	\$ 899.86
Hours Submitted	H 62	M 57				Medicare	\$ 19.54	\$ 210.45
Hours Not Paid	H 00	M 00				SDI/DIEC	\$ 14.82	\$ 159.65
Total Hours Paid	H 62	M 57						
Travel Hours	H	M						
Overtime Hours	H 00	M 00						
Sick Leave Hours	H	M						
	Current	YTD						
Regular*	\$ 975.73	\$ 13,393.89						
Adjustment	\$ 0.00	\$ 500.00						
Travel	\$ 0.00	\$ 0.00						
Overtime	\$ 0.00	\$ 0.00						
Sick Leave	\$ 372.00	\$ 620.00						
Total Gross	\$ 1,347.73	\$ 14,513.89						
Net Pay	\$ 1,229.81	\$ 13,243.93	Total Deductions	\$ 117.92	\$ 1,269.96			
*Includes Overtime Hours at regular rate. Please contact your local County Office for Payment Questions.								