Vivian Schwab
Partnership for the Bay's Future Fellow
San Francisco

Two Year Salary:	$	250,000.00
Two Year Benefits:	$	95,000.00
Final Expected Donation Amount:	**$**	**345,000.00**

Employee Name	Employee ID	Department Long Descr	Location Long Descr
Groce,Hannah	00010409764	Unassigned Department	Remote CA
Groce,Hannah	00010409764	Unassigned Department	Remote CA

Pay Frequency Descr Long	Invoice Number	Pay End Date	Invoice Date	Regular Hours	Regular Rate
Semimonthly	5919133	08/15/2022	08/15/2022	88.00	$60.10
Semimonthly	5938144	08/31/2022	08/31/2022	96.00	$60.10

Regular Earnings	Overtime Hours	Overtime Rate	Overtime Earnings	Benefit Allowance
$5,208.33	0.00		$0.00	
$5,208.33	0.00		$0.00	

Benefit Allowance (hrs)	Benefit Allowance (rate)	Holiday	Holiday (hrs)	Holiday (rate)	Leave with Pay

Leave with Pay (hrs)	Leave with Pay (rate)	Regular	Regular (hrs)	Regular (rate)

Reimbursement-Non Taxable	Reimbursement-Non Taxable (hrs)	Reimbursement-Non Taxable (rate)
$37.50	0.00	$0.00
$37.50	0.00	$0.00

Wait Time Penalty	Wait Time Penalty (hrs)	Wait Time Penalty (rate)	Gross Wages - Totals
			$5,245.83
			$5,245.83

Federal FICA Med Hospital Ins / EE	Federal OASDI/Disability - EE	Federal Withholding
$74.80	$319.84	$703.91
$74.80	$319.84	$703.91

State OASDI/Disability - EE	State Withholding	Taxes - EE - Totals	EE Repayment
$56.74	$255.05	$1,410.34	
$56.75	$255.05	$1,410.35	

WageWorks Pretax Transit Deductions - EE - Totals 403(b)/Roth Combination Aetna Dental Aetna PPO

Aetna Vision	Aflac Critical Illness	Blue Shield	Delta Dental	Dependent Care FSA - Fiscal	Dependent Life
		$8.00			
		$8.00			

General Use FSA without HSA	Kaiser HMO Northern CA	Long-Term Disability	MetLife Dental
$41.67			
$41.66			

MetLife Legal	Short Term Disability	Supplemental AD and D	Supplemental Life	VSP Vision
		$2.50		
		$2.50		

Health Benefits - EE - Totals	Net Pay	FICA Medicare	FICA OASDI	State Unemployment Taxes
$52.17	$3,783.32	$74.80	$319.84	$0.00
$52.16	$3,783.32	$74.80	$319.84	$0.00

Taxes - ER - Totals	403(b)/Roth Combination	Aetna Dental	Aetna PPO	Aetna Vision	Blue Shield
$394.64					$309.50
$394.64					$309.50

Delta Dental	Kaiser HMO Northern CA	Life and AD&D	MetLife Dental	Short Term Disability	VSP Vision
$28.83		$0.53			$2.88
$28.83		$0.53			$2.88

Employer Paid Benefits - Totals	Workers Comp	Workers Comp Fee - Totals	Retirement Credit
$341.74	$13.96	$13.96	$0.00
$341.74	$13.96	$13.96	$0.00

Return Deduction	Returned Deductions - Totals	Service Fee	Fees - Totals	Data Change Fee
$0.00	$0.00	$70.00	$70.00	
$0.00	$0.00	$70.00	$70.00	

Shipping Fee	Invoice Level Charges - Totals	Total Client Charges
		$6,066.17
		$6,066.17