

Employee Paycheck (Pay Stub – Example – Teacher)

Lubbock Independent School District

Employee Name	<i>(pay date)</i>	Check Date	10-27-2021	Check #	123456789
Address	<i>(start of pay period being paid)</i>	Pay Period Start Date	09-01-2021	Absence Processing	
Lubbock, TX 79416	<i>(end of pay period being paid)</i>	Pay Period End Date	09-30-2021	Date	9-30-2021
				<i>(absences processed through date above)</i>	
				Location	000 Elementary
				Emp. ID	AB1234567891

(calendar = paid year to date and/or for entire calendar year; current = current paid on this check)

Pay			Calendar	Current
Teacher Elementary			\$	\$
	<i>(“Y” under Pre Tax means deducted prior to taxes)</i>	Total Pay (gross pay without deductions)	\$	\$
Deductions	Pre Tax	Subject to		
Annuity	Y	<i>(employee’s selected annuity plan)</i>	\$	\$
United Way of Lubbock	N	<i>(employee’s chosen deduction for United Way)</i>	\$	\$
Blue Choice BRONZE Medical Plan (PPO)	Y	<i>(employee’s chosen and paid insurance premium)</i>	\$	\$
Blue Choice BRONZE Medical Plan (PPO)	Y	<i>(annual cost of insurance to employee)</i>	\$	\$
Dental Reimbursement Plan	Y	<i>(employee’s dependents’ dental premium deduction)</i>	\$	\$
Health Savings Account	Y	<i>(employee’s selected H.S.A. contribution)</i>	\$	\$
Blue Choice BRONZE PPO Wellness Credit	Y	<i>(wellness credit for participating in wellness plan)</i>	-750.00	-75.00
Medicare Income Tax Withheld		1.45% of Total/Gross pay	\$	\$
Federal Income Tax Withheld		<i>(deductions per elections on W-4)</i> of Total/Gross pay after deductions	\$	\$
TRS Member Contribution	Y	8.0% of Total/Gross pay	\$	\$
TRS Care Member Contribution		0.65% of Total/Gross pay	\$	\$
	<i>(total deductions from above)</i>	Total Deductions	\$	\$
	<i>(total amount employee receives/deposited)</i>	NET CHECK	\$	\$
Total Dock Amount	<i>(if applicable, dock of pay due to absences without time in leave bank to cover time off, etc. – amount deducted from pay)</i>			\$

Tax Information

Tax Marital Status: M *(Married status for taxes)* Exemptions: *(generally dependents credits)* Dependent Amount: \$
****Tax information/status is based on the employee's elected deductions as completed on their W-4 tax form****
(M = Married; S = Single, etc.)

Additional WH: \$
(additional withholdings if Employee requests additional money withheld for taxes – designated on W-4 by Employee)

Current Leave Transactions	Beg Bal	Earned	Absence	Adjust	Balance
State Personal Leave	150.00	0.00	0.00	0.0	150.00
Local-Sick	170.00	0.00	8.00	0.00	162.00

****Remember, leave information is reflective of the month being paid, i.e. September, and will not reflect any October absences.**
For current leave balance, remember to deduct any absences taken or planned to date but not reflective in above**

Direct Deposit Information

State Bank

(bank account and name listed above as per Employee Direct Deposit form)

XXXABC123

\$

TOTAL

\$

(total amount employee receives/deposited)