

MEADOWBROOK CLAIMS SERVICE

MICHIGAN

MUNICIPAL

LEAGUE

PAYROLL WORKSHEET

FILE NO: _____

NOTE: 9SUBMIT WITH FORM 100 WHEN LOST TIME WILL EXCEED SEVEN CALENDER DAYS)

Average weekly wage means all wages earned inclusive of overtime, premium pay, and cost of living adjustment, and exclusive of any fringe benefits which continue during disability. List the weekly gross earnings for the 52 weeks preceding the injury date, or list all earnings if employee has worked fewer than 52 weeks.

EMPLOYEE		EMPLOYER				DOI	
NICHOLAS MOHN		CITY OF ALBION					
DATE OF HIRE		HOURLY RATE		SALARY*		HOURS PER WEEK	
1/28/2013		\$ 20.915		\$ 45,678.36		Avg this period=48.12	
PPD NUMBER	PAY PERIOD ENDING			REGULAR EARNINGS	OVERTIME EARNINGS	GROSS TOTAL	
	MONTH	DAY	YEAR				
1	5	23	2015	\$ 1,559.14	\$ -	\$ 1,559.14	
2	6	6	2015	\$ 1,775.48	\$ 308.28	\$ 2,083.76	
3	6	20	2015	\$ 1,638.30	\$ 380.32	\$ 2,018.62	
4	7	4	2015	\$ 1,810.29	\$ 906.92	\$ 2,717.21	
5	7	18	2015	\$ 1,638.30	\$ 351.06	\$ 1,989.36	
6	8	1	2015	\$ 1,638.30	\$ 234.04	\$ 1,872.34	
7	8	15	2015	\$ 1,638.29	\$ 438.83	\$ 2,077.12	
8	8	29	2015	\$ 1,638.30	\$ 468.09	\$ 2,106.39	
9	9	12	2015	\$ 1,794.33	\$ 409.58	\$ 2,203.91	
10	9	26	2015	\$ 1,638.30	\$ 585.11	\$ 2,223.41	
11	10	10	2015	\$ 1,638.30	\$ 117.02	\$ 1,755.32	
12	10	24	2015	\$ 1,638.30	\$ 789.90	\$ 2,428.20	
13	11	7	2015	\$ 1,638.30	\$ 409.58	\$ 2,047.88	
14	11	21	2015	\$ 1,638.30	\$ -	\$ 1,638.30	
15	12	5	2015	\$ 1,716.32	\$ 672.88	\$ 2,389.20	
16	12	19	2015	\$ 1,638.30	\$ 58.51	\$ 1,696.81	
17	1	2	2016	\$ 2,102.84	\$ 1,131.21	\$ 3,234.05	
18	1	16	2016	\$ 1,638.30	\$ -	\$ 1,638.30	
19	1	30	2016	\$ 1,624.27	\$ 477.45	\$ 2,101.72	
20	2	13	2016	\$ 1,671.07	\$ 149.20	\$ 1,820.27	
21	2	27	2016	\$ 2,171.06	\$ -	\$ 2,171.06	
22	3	12	2016	\$ 1,671.06	\$ 179.04	\$ 1,850.10	
23	3	26	2016	\$ 1,830.22	\$ -	\$ 1,830.22	
24	4	9	2016	\$ 1,830.22	\$ -	\$ 1,830.22	
25	4	23	2016	\$ 1,671.07	\$ 238.72	\$ 1,909.79	
26	5	7	2016	\$ 1,671.07	\$ 477.45	\$ 2,148.52	
				\$ 44,558.03	\$ 8,783.19	\$ 53,341.22	

*Based on 2184 hours

FRINGE BENEFIT INFORMATION

		TOTAL OF	AMOUNT PAID PER	DISCONTINUED
		FRINGE BENEFITS	MONTH BY EMPLOYER	
1		N/A		
2				
3				
4		HEALTH INSURANCE	\$ 1,421.60	PER MONTH
5		\$4,000 DEDUCTIBLE PAID BY THE CITY		
6				
7		LIFE INSURANCE	\$ 9.25	PER MONTH
8		LTD INSURANCE	\$ 10.48	PER MONTH
9				
10				
11			13 PAID HOLIDAYS	
12				
13				
14				
15				

Signature and Title of Person disclosing the above information

Date: 7/5/2017

Carmen Brock

Acct-Payroll