

Support Staff

Review of Earnings Statement:

10 Month Employee & 12 Month Employee

10 Month **Employee** Educational **Assistant**



Wetaskiwin Regional Public Schools

5515-47A Avenue Wetaskiwin, AB (P) 780-352-6018 www.wrps11.ca

LEAVE BALANCES				
Description	Hrs/Days			
SICK LEAVE SUMMER PAY PLAN PERS LV PL COS BALANCE	374.52 2,011.48 16.00 13.00			

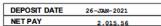
Statement Of Earnings & Deductions

PAY PERIOD: 202101 LOCATION:

EARNINGS			П	DEDU	CTIONS			
Description	Rate	Hrs/Days	Current	Year to Date	Π	Description	Current	Year to Date
REGULAR SALARY - HOLIDAY PAY STAT HOLIDAY PAY	23.06 0.00 23.06	107.90 0.00 19.50	2,488.17 176.27 449.67	2,488.17 176.27 449.67		INCOME TAX EMPLOYMENT INSURAN CANDA PENSION PLA CO MO LOCAL AUTHOR EXTENDED HEALTH CA DENTAL LIFE INSURANCE UISABILITY INSURAN HEALTH SPENDING AC SUMMER PAY PLAN WORKERS COMPENSATI	248. 92 49. 21 151. 02 246. 48 0. 00 0. 00 0. 00 0. 00 402. 92 0. 00	248.92 49.21 151.02 246.48 0.00 0.00 0.00 0.00 0.00 2,011.48 0.00
Earnings Total			3,114,11	3.114.11	П	Deduction Totals	1,098.55	2.707.11

EMPLOYER PAID BENEFITS				
Description	Current	Year to Date		
EMPLOYMENT INSURAN	61.86	61.86		
CANADA PENSION PLA	151.02	151.02		
10 MO LOCAL AUTHOR	275.86	275.86		
EXTENDED HEALTH CA	230.25	230.25		
DENTAL	149.50	149.50		
LIFE INSURANCE	6.96	6.96		
DISABILITY INSURAN	40.53	40.53		
HEALTH SPENDING AC	60.42	60.42		
WORKERS COMPENSATI	33.40	33.40		
Employer Paid Renefit Totals				

EALTH SPENDING AC ORKERS COMPENSATI	60.42 33.40	60.42 33.40	780-35
Employer Paid Benefit Totals	1,009.80	1,009.80	
MESSAGE			



Payroll Contacts:

payroll@wrps11.ca 52-6018



- Sick leave 1.5 days per month
- Summer pay (to be paid in July/August)
- Personal leave 3 days per year
- Personal leave (cost of sub) 2 per school year

LEAVE BALANCES					
Description	Hrs/Days				
SICK LEAVE SUMMER PAY PLAN PERS LV PL COS BALANCE	374.52 2,011.48 16.00 13.00				



- Regular pay (rate times hours)
- Holiday pay
 - > 1 yr = 4%
 - 1 10 years = 6%
 - 10 15 years = 8%
 - Over 15 years = 10%
- Stat holiday pay

Description Rate Hrs/Days		
HOLIDAY PAY 0.00 0.00	Current Year	to Date
	,488.17 2,48 176.27 17	38.17 76.27 19.67
Earnings Total 3	114.11 3,11	14.11



Employee Deductions:

- Canada Revenue Agency
 - Income Tax
 - Employment Insurance
 - Canada Pension Plan
- ASEBP
 - Extended Health
 - Dental
 - Vision
- LAPP (if participating)

DEDU	CTIONS	
Description	Current	Year to Date
INCOME TAX EMPLOYMENT INSURAN CANADA PENSION PLA 10 MO LOCAL AUTHOR EXTENDED HEALTH CA DENTAL LIFE INSURANCE DISABILITY INSURAN HEALTH SPENDING AC SUMMER PAY PLAN WORKERS COMPENSATI	248.92 49.21 151.02 246.48 0.00 0.00 0.00 0.00 402.92 0.00	248.92 49.21 151.02 246.48 0.00 0.00 0.00 0.00 2,011.48 0.00
Deduction Totals	1,098.55	2,707.11



Employer Paid Deductions:

- Canada Revenue Agency
 - Employment Insurance
 - Canada Pension Plan
- ASEBP (prorated if not Full Time)
 - Extended Health
 - Dental
 - Vision
 - Life Insurance
 - Disability Insurance
 - Health Spending
- LAPP (if participating)
- Worker's Compensation

EMPLOYER PAID BENEFITS						
Description	Current	Year to Date				
EMPLOYMENT INSURAN CANADA PENSION PLA 10 MO LOCAL AUTHOR EXTENDED HEALTH CA DENTAL LIFE INSURANCE DISABILITY INSURAN HEALTH SPENDING AC WORKERS COMPENSATI	61.86 151.02 275.86 230.25 149.50 6.96 40.53 60.42 33.40	61.86 151.02 275.86 230.25 149.50 6.96 40.53 60.42 33.40				
Employer Paid Benefit Totals	1,009.80	1,009.80				



12 Month Employee Custodian



Wetaskiwin Regional Public Schools

5515-47A Avenue Wetaskiwin, AB T9A 3S3 (P) 780-352-6018 www.wrps11.ca

LEAVE BALANCES					
Description	Hrs/Days				
VACATION ACCRUAL SICK LEAVE PERS LV FL COS BALANCE	15.00 63.51 10.00 8.00				

Statement Of Earnings & Deductions

PAY PERIOD: 202101 LOCATION: WRPS

						11	DEDU	OTIONS	
EARNINGS				П	DEDU	CTIONS			
Description	Rate	8	Hrs/Days	Current	Year to Date	П	Description	Current	Year to Date
REGULAR SALARY - STAT HOLIDAY PAY		20.05	74.67 12.00	1,497.13 240.60	1,497.13 240.60		INCOME TAX EMBLOYMENT INSURAN CARADA PENSION PLA EXTENDED HEALTH CA DESTAL VISION LIFE INSURANCE DISABILITY INSURAN HEALTH SPENDING AC WORKERS COMPENSATI	159.31 27.45 79.08 115.12 74.75 12.37 0.00 0.00 0.00	159.31 27.45 79.08 115.12.37 0.00 0.00 0.00
Earnings Total				1,737,73	1.737.73	I	Deduction Totals	468.08	468.08

EMPLOYER PAID BENEFITS					
Description	Current	Year to Date			
EMDLOYMENT INSURAN CANADA PENSION PLA EXTENDED HEALTH CA DENTAL VISION LIFE INSURANCE DISABILITY INSURAN HEALTH SPINDING AC WORKERS COMPENSATI	34.50 79.08 115.13 74.75 12.38 4.94 28.77 30.21 18.65	34.50 79.08 115.13 74.75 12.38 4.94 28.77 30.21 18.65			
Employer Paid Benefit Totals	398.41	398.41			

MESSAGE	

DEPOSIT DATE	26-JAN-2021
NET PAY	1,269,65

Payroll Contacts:

payroll@wrps11,ca 780-352-6018



- Vacation Accrual
 - > 1 yr = 2 weeks (0.83 day/month)
 - 1 10 years = 3 weeks (1.25 day/month)
 - 10- 15 years = 4 weeks (1.67 day/month)
 - Over 15 years = 5 weeks (2.08 day/month)
- Sick leave 1.5 days per month
- Personal leave 3 days per year
- Personal leave (cost of sub) 2 per school year

LEAVE BALANCES		
Description	Hrs/Days	
VACATION ACCRUAL SICK LEAVE PERS LV PL COS BALANCE	15.00 63.51 10.00 8.00	



- Regular pay (rate times hours)
- Stat holiday pay



Employee Deductions:

- Canada Revenue Agency
 - Income Tax
 - Employment Insurance
 - Canada Pension Plan
- ASEBP
 - Extended Health
 - Dental
 - Vision
- LAPP (if participating)

DEDUCTIONS				
Description	Current	Year to Date		
INCOME TAX EMPLOYMENT INSURAN CANADA PENSION PLA EXTENDED HEALTH CA DENTAL VISION LIFE INSURANCE DISABILITY INSURAN HEALTH SPENDING AC WORKERS COMPENSATI	159.31 27.45 79.08 115.12 74.75 12.37 0.00 0.00 0.00	159.31 27.45 79.08 115.12 74.75 12.37 0.00 0.00 0.00		
Deduction Totals	468.08	468.08		



Employer Paid Deductions:

- Canada Revenue Agency
 - Employment Insurance
 - Canada Pension Plan
- ASEBP (prorated if not Full Time)
 - Extended Health
 - Dental
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 - Disability Insurance
 - Health Spending
- LAPP (if participating)
- Worker's Compensation

EMPLOYER PAID BENEFITS			
Description	Current	Year to Date	
EMPLOYMENT INSURAN CANADA PENSION PLA EXTENDED HEALTH CA DENTAL VISION LIFE INSURANCE DISABILITY INSURAN HEALTH SPENDING AC WORKERS COMPENSATI	34.50 79.08 115.13 74.75 12.38 4.94 28.77 30.21 18.65	34.50 79.08 115.13 74.75 12.38 4.94 28.77 30.21 18.65	
Employer Paid Benefit Totals	398.41	398.41	

