

# CLAIMS ORDINANCE NO. 2020-08

## AN ORDINANCE TO PAY CERTAIN CLAIMS HEREIN MENTIONED FOR THE PERIOD AS SET FORTH ON THE ATTACHED PAYMENT REGISTER

Be it ordained by the Council of the Village of Jeromesville, State of Ohio, as follows:

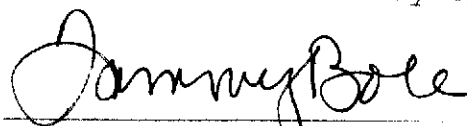
**SECTION 1:** That the attached described claims totaling \$2,057.54 be allowed and paid from the respective funds as identified below:

FUND	FUND NAME
A1	General Fund
B1	Street Construction, Maintenance & Repair Fund
B2	State Highway Fund
B5	Storm Sewer
E1	Water Fund
E2	Sewer Fund

The Fiscal Officer is hereby authorized and directed to draw warrants on the Village Treasury for the amounts as designated on the attached register, as governed by the laws as set forth in the Ohio Revised Code and the Codified Ordinances of the Village of Jeromesville.

**SECTION 2:** This Claims Ordinance shall take effect and be in force from and after its passage.

\_\_\_\_\_  
Randy Spade, Mayor



\_\_\_\_\_  
Tammy Bole, Fiscal Officer

EXPENSE LINE AMOUNT BATCH# 540

A013B0211000 164.15 Wages 2/29/2020 03/06/20  
 B016C0211000 554.29 Wages 2/29/2020 03/06/20  
 E015I0211000 554.12 Wages 2/29/2020 03/06/20  
 E025E0211000 553.96 Wages 2/29/2020 03/06/20

TOTAL WAGES 1826.52

A013B0212000 2.38 Medicare 2/29/2020 03/06/20  
 B016C0212000 8.04 Medicare 2/29/2020 03/06/20  
 E015I0212000 8.04 Medicare 2/29/2020 03/06/20  
 E025E0212000 8.03 Medicare 2/29/2020 03/06/20

TOTAL EMPLOYER MEDICARE SHARE 26.49

A013B0213000 10.18 Social Sec 2/29/2020 03/06/20  
 B016C0213000 10.18 Social Sec 2/29/2020 03/06/20  
 E015I0213000 10.17 Social Sec 2/29/2020 03/06/20  
 E025E0213000 10.16 Social Sec 2/29/2020 03/06/20

TOTAL EMPLOYER SOC SEC SHARE 40.69

B016C0212000 54.62 OPERS 2/29/2020 03/06/20  
 E015I0212000 54.62 OPERS 2/29/2020 03/06/20  
 E025E0212000 54.60 OPERS 2/29/2020 03/06/20

TOTAL EMPLOYER OPERS SHARE 163.84

TOTAL EMPLOYER POLICE SHARE

TOTAL EMPLOYER FIRE SHARE

TOTAL WAGES AND EMPLOYER MATCH 2057.54

ID #	Employee Name	Vac Bal	Sick Bal	Comp Bal	Personal	Check #	Check Date
010110	SPADE, GAIL	0	0	0	0	12032	03/06/20

Wage Type	Hours	Rate	Amount	YTD	Deduct Type	Amount	YTD
1 - Hourly	9.38	17.50	164.15	3393.02	SOCSEC	40.69	210.37
1 - Hourly	9.38	17.50	164.15		MEDICARE	9.52	49.21
1 - Hourly	9.37	17.50	163.98		HILLSDALE LSD SCHOOLS	8.20	42.42
1 - Hourly	9.37	17.50	163.98		OHIO INCOME TAX	9.37	53.54
					FEDERAL INCOME TAX	53.77	286.34

Total Hours	37.50	Gross Pay	656.26	3393.02	Net Pay	534.71
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12032

Five Hundred Thirty-Four Dollars and Seventy-One Cents

03/06/20 \$ 534.71\*\*

010110  
 GAIL SPADE  
 21 GLENN STREET  
 JEROMESVILLE OH 44840

ID #	Employee Name	Vac Bal	Sick Bal	Comp Bal	Personal	Check #	Check Date
010110	SPADE, GAIL	0	0	0	0	12032	03/06/20

Wage Type	Hours	Rate	Amount	YTD	Deduct Type	Amount	YTD
1 - Hourly	9.38	17.50	164.15	3393.02	SOCSEC	40.69	210.37
1 - Hourly	9.38	17.50	164.15		MEDICARE	9.52	49.21
1 - Hourly	9.37	17.50	163.98		HILLSDALE LSD SCHOOLS	8.20	42.42
1 - Hourly	9.37	17.50	163.98		OHIO INCOME TAX	9.37	53.54
					FEDERAL INCOME TAX	53.77	286.34

Total Hours	37.50	Gross Pay	656.26	3393.02	Net Pay	534.71
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## Village of Jeromesville EMPLOYEE TIME SHEET

Name GAIL

Pay Period 2/16 - 2/29

Pay Date 3/5

### TASK COMPLETED

Date	Time In	Lunch	Time Out	Task Completed
2-17	7:00	8	3:00	Hol
2-18	6:30	8	2:30	Mason full hole at driveway
2-19	6:30	2	8:30	Clean shop Mop restrooms, put out cone
2-24	6:30	5	11:30	Work on shed & Kabinets, walls & holes on floor
2-25	6:30	8	2:30	Work on shed & Kabinets, full walls.
2-27	6:30	6	12:30	Snow blow ride up. put on
<del>3-2</del>	<del>6:30</del>		<del>8:30</del>	<del>Work Kabinets</del>
<del>3-4</del>	<del>6:30</del>			<del>Final work on shed &amp; clean shop</del>
		new	Timesheet	
				Total <u>37</u>

PLEASE USE THE FOLLOWING ABSENTEE CODES TO WRITE IN "TIME IN " SPACE ABOVE WHEN ABSENT FROM WORK

- PER PERSONAL DAYS
- HOL FLOATING HOLIDAYS
- VAC REGULAR VACATION
- BER BEREAVMENT
- UNP UNPAID

$37.5 \div 4 = 9.38$   
~~37.5 \times 17.50 = 656.25~~

EE Signature \_\_\_\_\_  
 Approval \_\_\_\_\_

$327.96$   
 $328.30$   


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 $656.26$

ID #	Employee Name	Vac Bal	Sick Bal	Comp Bal	Personal	Check #	Check Date
020181	RAYBURN, CAITLIN	0	0	0	0	12033	03/06/20

Wage Type	Hours	Rate	Amount	YTD	Deduct Type	Amount	YTD
1 - Hourly	25.17	15.50	390.14	6065.95	OPERS	117.03	606.61
1 - Hourly	25.17	15.50	390.14		MEDICARE	16.97	87.95
1 - Hourly	25.16	15.50	389.98		HILLSDALE LSD SCHOOLS	14.63	75.83
					JEROMESVILLE	.00	.00
					OHIO INCOME TAX	25.34	133.61
					FEDERAL INCOME TAX	115.45	603.01

Total Hours	75.50	Gross Pay	1170.26	6065.95	Net Pay	880.84
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12033

Eight Hundred Eighty Dollars and Eighty-Four Cents

03/06/20 \$ 880.84\*\*

020181  
 CAITLIN RAYBURN  
 58 S HIGH STREET  
 JEROMESVILLE OH 44840

ID #	Employee Name	Vac Bal	Sick Bal	Comp Bal	Personal	Check #	Check Date
020181	RAYBURN, CAITLIN	0	0	0	0	12033	03/06/20

Wage Type	Hours	Rate	Amount	YTD	Deduct Type	Amount	YTD
1 - Hourly	25.17	15.50	390.14	6065.95	OPERS	117.03	606.61
1 - Hourly	25.17	15.50	390.14		MEDICARE	16.97	87.95
1 - Hourly	25.16	15.50	389.98		HILLSDALE LSD SCHOOLS	14.63	75.83
					JEROMESVILLE	.00	.00
					OHIO INCOME TAX	25.34	133.61
					FEDERAL INCOME TAX	115.45	603.01

Total Hours	75.50	Gross Pay	1170.26	6065.95	Net Pay	880.84
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## Village of Jeromesville EMPLOYEE TIME SHEET

Name Caithlin Pay Period 2/23 - 2/29  
 Pay Date 3/6

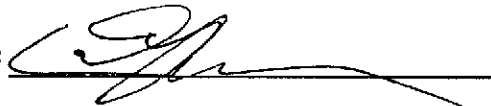
**TASK COMPLETED**

Date	Time In	Lunch	Time Out	TASK COMPLETED	
2/23	6p		6:30p	Water Testing	1/2
2/24	8a		3p	Water Utility Conversion	7
2/25	7:30a		2p	" =	6.5
2/25	4:30p		6:30p	" =	2
2/26	7:30a		11a	Finished Excel Spread Sheet for Conversion	3.5
2/27	7:30		2p	Water deposits / Energy Savings	6.5
2/28	7a		3p	Energy Savings / Water Billing	8
2/29	1pm		1:30p	Water Testing	1/2

Total 34.5

PLEASE USE THE FOLLOWING ABSENTEE CODES TO WRITE IN "TIME IN " SPACE ABOVE WHEN ABSENT FROM WORK

- PER PERSONAL DAYS
- HOL FLOATING HOLIDAYS  $75.5 \div 3 = 25.17$
- VAC REGULAR VACATION  $75.5 \times 15.5 = 1170.25$
- BER BEREAVMENT
- UNP UNPAID

EE Signature   
 Approval \_\_\_\_\_

## Village of Jeromesville EMPLOYEE TIME SHEET

Name Caillin Pay Period 2/16 - 2/22  
 Pay Date 3/6

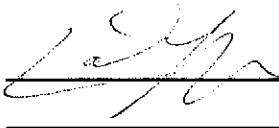
### TASK COMPLETED

Date	Time In	Lunch	Time Out	TASK COMPLETED	
2/16	2p		2:30	Water Testing	1/2
2/17	8a		3p	Water payments / prep for meeting	7
2/18	8a		4:30	Security @ water plant / GASI / Junior Council	8.5
2/18	5:30p		9p	Meeting	3.5
2/19	7a		12p	GPM Research / Water payments	5
2/20	8a		2p	GPM INVOICE / water works set-up	6
2/20	5p		7p	Water Works Excel sheet	2
2/21	Hol		Hol	Make-up (Holiday for President's day)	8
2/22	7:30a		8a	Water Testing	1/2

Total 41

PLEASE USE THE FOLLOWING ABSENTEE CODES TO WRITE IN "TIME IN " SPACE ABOVE WHEN ABSENT FROM WORK

- PER      PERSONAL DAYS
- HOL      FLOATING HOLIDAYS
- VAC      REGULAR VACATION
- BER      BEREAVMENT
- UNP      UNPAID

EE Signature   
 Approval \_\_\_\_\_