



Person Number	Payroll Relationship Number	Payroll
		KP BiWeekly Sunday1
	Assignment Number	Employer Name
		Kaiser Foundation Hospitals
Employee Name	Job Title	
Employee Address	Position	Employer Address
		One Kaiser Plaza Oakland, CA 94612 Ph: 877-457-4772

Business Unit	Department	Location
NW		
Workweek	Base Rate	
Saturday 21:00	Hourly	View My Time Off Balances
FLSA Week		

Period Type	Period Start Date	Period End Date	Payment Date
Biweekly	02-16-2025	03-01-2025	03-07-2025

Summary			
Description		Current	Year to Date
Gross Earnings			
Employee Tax Deductions			
Voluntary Deductions			
Pretax Deductions			
Net Payment			

Earnings Summary			
Description		Current	Year to Date
PSP			
Regular			
Standby Nwk 1.0			
Holiday			
HolidayWrk2.5 Prm at 1.5			
CallIn1.5 at 1.0			
HolidayWrk2.5 at 1.0			
Daily OT2.0 at 1.0			
Daily OT2.0 Prm at 1.0			
VAC PTO			
GuarTime1.5 at 1.0			
CallIn1.5 Prm at 0.5			
DailyOT1.5 at 1.0			
GuarTime1.5 Prm at 0.5			
DailyOT1.5 Prm at 0.5			
StandbyHol2.5 Prm at 1.5			
StandbyHol2.5 at 1.0			
EveDiff 1.5 at 1.0			
NightDiff 1.5 at 1.0			
EveDiffNwk 1.5 at 1.0			
EveDiff 1.5 at 0.5			
NightDiff 1.5 at 0.5			
EveDiffNwk 1.5 at 0.5			
NightNwk 1.5 at 1.0			
NightDiffNwk 1.5 at 0.5			
Total Earnings			

Current Period Details						
Description	Start Date	End Date	Quantity	Type	Rate	Amount
Regular				Hours		
Standby Nwk 1.0				Hours		
Total Hours Worked						

Imputed Income		
Description	Current	Year to Date
Life Impt Inc		
Total Imputed Income		

Pretax Deductions		
Description	Current	Year to Date
FSA Hlth		
Med Pre		
Total Pretax Deductions		

Tax Deductions		
Description	Current	Year to Date
FIT Withheld		
SIT Withheld (OR)		
Social Security Employee Withheld		
Medicare Employee Withheld		
Metro Employee Withheld (OR)		
Family Leave Insurance Employee Withheld (OR)		
State Transit Tax Withheld (OR)		
OR Workers EE Comp Withheld		
Total Tax Deductions		

Other Deductions		
Description	Current	Year to Date
TSA Roth		
Union Dues		
Supp Life		
Supp Life Retro		
Total Other Deductions		

Employer Paid Benefits		
Description	Current	Year to Date
Med ER		
Dental ER		
TSA ER		
STD ER		
LTD ER		
Life Ins ER		
Total Employer Paid Benefits		

Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount

Tax Withholding Information				
Type	Marital Status	Exempt	Total Dependent Amount	Extra Withholding
FEDERAL_2020	Single or Married filing separately	N		

Tax Withholding Information								
Type	Marital Status	Exempt	Addl	Sec ALW	BIN	Exemptions	Additional Amount	
OR	Single	N						