CITY OF AURORA
E911 FUND REIMBURSEMENT
SUMMARY OF ELIGIBLE EXPENDITURES
FOR THE PERIOD 6/1/2025 THROUGH 8/31/2025

EXPENDITURES:

SALARY & BENEFITS	1,081,855.30
PHONE MAINTENANCE CONTRACT	68.38
LANGUAGE SERVICES	2,711.70
TRAINING	
OTHER EQUIPMENT	
COMPUTER SOFTWARE	18,727.88
COMPUTER HARDWARE	
COMPUTER MAINTENANCE CONTRACT	1,000.00
COMPUTER NETWORK EQUIPMENT	
CONSULTING SERVICES	
OPERATING COSTS	22,507.96
TOTAL	**1,104,363.26**

E911 Surcharge Revenues
6/1/2025-8/31/2025

Sum of AMOUNT	Column Labels	
Row Labels	Aurora	Naperville
E911 SURCHARGE		
2025		
6/6/2025	198,083.84	245,362.26
7/15/2025	198,521.36	245,104.75
8/13/2025	193,960.98	241,334.42
Grand Total	**590,566.18**	**731,801.43**

2025 SALARY RECAP

CITY OF AURORA
E911 LABOR COSTS

FOR REPORTING PURPOSES
(AMOUNTS INCLUDED IN THE TOTAL COSTS)
911 MANAGER SALARY

PY PERIOD DATES	PAID DATE		GROSS WAGES	MEDICARE	IMRF	FICA	GROSS WAGES	MEDICARE	IMRF	FICA
11/16/24 TO 11/29/24	12/5/2024	PAY PERIOD 25	153,900.71	2,162.31	12,685.28	9,245.71	5,794.40	80.84	527.29	345.66
11/30/24 TO 12/13/24	12/19/2024	PAY PERIOD 26	158,911.05	2,232.95	12,586.71	8,538.48	5,294.40	73.44	481.79	314.04
12/14/24 TO 12/27/24	1/2/2025	PAY PERIOD 1	149,370.69	2,093.48	14,593.55	8,951.41	5,506.40	76.19	537.98	325.79
12/28/24 TO 1/10/25	1/16/2025	PAY PERIOD 2	184,981.17	2,454.48	18,072.67	10,494.99	5,506.40	76.05	537.98	325.17
1/11/25 TO 1/24/25	1/30/2025	PAY PERIOD 3	131,350.58	1,835.21	12,832.95	7,847.03	5,506.40	76.05	537.98	325.17
1/25/25 TO 2/7/25	2/13/2025	PAY PERIOD 4	119,058.27	1,658.61	11,632.02	7,092.13	5,506.40	76.19	537.98	325.79
2/8/25 TO 2/21/25	2/27/2025	PAY PERIOD 5	122,226.32	1,704.92	11,941.51	7,290.09	5,781.72	80.04	564.87	342.24
			1,019,798.79	14,141.96	94,344.69	59,459.84	38,896.12	538.80	3,725.87	2,303.86
			Q1 REIMBURSEMENT REQUEST			**1,187,745.28**				
2/22/25 TO 3/7/25	3/13/2025	PAY PERIOD 6	119,239.04	1,662.48	11,649.65	7,108.47	6,006.40	83.44	586.83	356.79
3/8/25 TO 3/21/25	3/27/2025	PAY PERIOD 7	111,989.54	1,556.78	10,941.39	6,656.53	5,506.40	76.05	537.98	325.17
3/22/25 TO 4/4/25	4/10/2025	PAY PERIOD 8	118,607.47	1,649.70	11,587.96	7,053.90	5,506.40	76.19	537.98	325.79
4/5/25 TO 4/18/25	4/24/2025	PAY PERIOD 9	114,889.25	1,598.80	11,224.67	6,836.30	5,506.40	76.05	537.98	325.17
4/19/25 TO 5/2/25	5/8/2025	PAY PERIOD 10	120,276.16	1,674.63	11,751.00	7,160.57	5,506.40	76.19	537.98	325.79
5/3/25 TO 5/16/25	5/22/2025	PAY PERIOD 11	123,416.36	1,621.12	12,057.77	6,931.66	5,506.40	76.05	537.98	325.17
			708,417.82	9,763.51	69,212.44	41,747.43	33,538.40	463.97	3,276.73	1,983.88
			Q2 REIMBURSEMENT REQUEST			**829,141.20**				

2025 SALARY RECAP

CITY OF AURORA
E911 LABOR COSTS

PY PERIOD DATES	PAID DATE		GROSS WAGES	MEDICARE	IMRF	FICA
5/17/25 TO 5/30/25	6/5/2025	PAY PERIOD 12	133,689.58	1,869.13	13,061.48	7,992.24
5/31/25 TO 6/13/25	6/18/2025	PAY PERIOD 13	117,020.55	1,629.68	11,432.90	6,968.24
6/14/25 TO 6/27/25	7/3/2025	PAY PERIOD 14	129,319.30	1,808.44	12,634.49	7,732.72
6/28/25 TO 7/11/25	7/17/2025	PAY PERIOD 15	145,791.59	2,046.89	14,243.84	8,752.14
7/12/25 TO 7/25/25	7/31/2025	PAY PERIOD 16	134,840.12	1,885.80	13,173.90	8,063.46
7/26/25 TO 8/8/25	8/14/2025	PAY PERIOD 17	133,552.12	1,867.79	13,048.02	7,986.37
8/9/25 TO 8/22/25	8/28/2025	PAY PERIOD 18	129,286.06	1,805.81	12,631.24	7,721.40
			923,499.32	12,913.54	90,225.87	55,216.57

Q3 REIMBURSEMENT REQUEST **1,081,855.30**

FOR REPORTING PURPOSES
(AMOUNTS INCLUDED IN THE TOTAL COSTS)
911 MANAGER SALARY

GROSS WAGES	MEDICARE	IMRF	FICA
5,506.40	76.19	537.98	325.79
6,006.40	83.30	586.83	356.17
5,506.40	76.19	537.98	325.79
5,506.40	76.05	537.98	325.17
5,506.40	76.05	537.98	325.17
5,506.40	76.19	537.98	325.79
5,642.40	78.02	551.26	333.62
39,180.80	541.99	3,827.99	2,317.50

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name / Description	Employee Number	--- Current --- Qty	--- Current --- Amount	---- M-T-D ----- Qty	---- M-T-D ----- Amount	---- Q-T-D ----- Qty	---- Q-T-D ----- Amount	---- Y-T-D ----- Qty	---- Y-T-D ----- Amount
WHALEN, TRACIE	1656								
ABT-PENSION-IMRF TIER 1			962.88		962.88		2719.32		4912.63
HEALTH PREPAID HMO			.00		.00		6030.29		6030.29
WELLNESS CREDIT			10.00-		10.00-		30.00-		60.00-
HMO PLAN C-E+FAMILY			204.36		204.36		991.14		2314.35
DENTAL-E+F			50.24		50.24		251.20		602.88
DENTAL PREPAID			.00		.00		761.95		761.95
Tax-TAX-MEDICARE			306.88		306.88		760.99		1445.04
TAX-SOCIAL SECURITY			1312.18		1312.18		3253.91		6178.82
TAX-FEDERAL INCOME			3908.35		3908.35		8268.22		14383.74
TAX-STATE INCOME			999.97		999.97		2463.27		4689.90
MEDICARE ADDITIONAL			.00		.00		.00		.00
Ded-VOLUNTARY IMRF TIER 1			.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE			7.57		7.57		37.85		90.84
DUES-3298/F.T.			27.78		27.78		138.90		332.37
Ben-GROUP TERM LIFE INSURANCE			.01		.01		.05		.12
EMPLOYER HEALTH INS. COST			817.43		817.43		4087.15		9809.16
CITY SHARE-MEDICARE 1.45			306.88		306.88		760.99		1445.04
CITY SHARE- IMRF TIER 1			2090.51		2090.51		5903.93		10665.85
CITY SHARE-SOC SEC 6.20			1312.18		1312.18		3253.91		6178.82
CITY SHARE-WORKERS COMP			1042.14		1042.14		2500.27		4321.83

********** Division Totals **********

Ben-GROSS		133689.58		133689.58		610878.82		1582486.05
NET		79842.86		79842.86		358761.75		911537.70
Hrs-REGULAR HOURS WORKED	1482.330	61494.50	1482.330	61494.50	7493.750	313369.76	18585.080	767586.66
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	500.00
COMP TIME PAID CIV.	64.000	2525.68	64.000	2525.68	97.670	4034.71	234.000	9745.40
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME	40.000	2220.96	40.000	2220.96	40.000	2220.96	216.000	11972.00
DEATH LEAVE	.000	.00	.000	.00	.000	.00	24.000	1166.64
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	.590	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.89
FLOAT HOLI	64.000	2987.68	64.000	2987.68	142.000	6564.32	324.000	15504.18
FLOAT HOLI-CONT SFT	.000	.00	.000	.00	48.000	3242.40	362.000	20454.45
FMLA TRACKING ONLY	16.000	.00	16.000	.00	16.000	.00	141.400	.00
FH PAID OFF-PREVIOUS YEAR	.000	.00	.000	.00	.000	.00	10.500	578.83
FINAL SICK PAYOFF	58.410	3020.97	58.410	3020.97	58.410	3020.97	742.140	41183.26
FINAL PTO PAYOFF	87.462	4523.53	87.462	4523.53	233.334	12068.03	477.338	23350.14
HOLIDAY MONEY 2023	.000	.00	.000	.00	.000	.00	93.000	3652.39
HOLIDAY MONEY 2024	87.000	4275.72	87.000	4275.72	87.000	4275.72	237.830	9539.35
HOLIDAY MONEY 2025	52.000	2390.88	52.000	2390.88	52.000	2390.88	76.000	3152.88
SICK ON OVERTIME	.000	.00	.000	.00	60.230	.00	227.230	.00
LIGHT DUTY	96.000	4067.20	96.000	4067.20	491.170	21767.16	1186.830	52331.33
WORKED-PAY LATER	166.500	.00	166.500	.00	1033.600	.00	2047.380	.00
OUT OF JOB CLASS	.000	96.00	.000	96.00	.000	432.00	.000	2124.72
PRIOR YR. PTO CHANGE	.000	.00	.000	.00	.000	.00	2.000-	75.38-

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name / Description	Employee Number --- Current --- Qty	Current Amount	M-T-D Qty	M-T-D Amount	Q-T-D Qty	Q-T-D Amount	Y-T-D Qty	Y-T-D Amount
********** Division Totals **********								
Ben-GROUP TERM LIFE INSURANCE		.27		.27		1.31		3.22
EMPLOYER HEALTH INS. COST		13811.13		13811.13		69055.65		169604.34
CITY SHARE-MEDICARE 1.45		1869.13		1869.13		8413.38		21863.52
CITY SHARE- IMRF TIER 1		6725.71		6725.71		29558.58		76463.54
CITY SHARE- IMRF TIER 2		6335.77		6335.77		30124.30		78145.44
CITY SHARE-SOC SEC 6.20		7992.24		7992.24		35974.67		93485.60
CITY SHARE-WORKERS COMP		6020.69		6020.69		27378.67		70376.23
27 Current Employees								
3 Terminated Employees								

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name / Description	Employee Number / Current Qty	Current Amount	M-T-D Qty	M-T-D Amount	Q-T-D Qty	Q-T-D Amount	Y-T-D Qty	Y-T-D Amount
WHALEN, TRACIE	1656							
Hrs-SICK SELF	.000	.00	.000	.00	.000	.00	11.250	581.85
TRAINING EMPLOYEE	.000	.00	.000	.00	.000	.00	18.000	930.96
OT 1.5-PD	.000	.00	28.000	2172.24	193.000	14972.94	396.000	30721.68
PREP TIME 1.5 RATE	.000	.00	.500	38.80	3.100	240.56	7.700	597.52
OT DBL-PD	.000	.00	.000	.00	2.000	206.88	9.000	930.96
HOLIDAY TIME 2024	.000	.00	.000	.00	.000	.00	30.000	1551.60
OT 1.5-BANK	.000	.00	.000	.00	16.000	.00	34.000	.00
HOLIDAY TIME 2025	.000	.00	.000	.00	8.000	413.76	8.000	413.76
Add-LONGEVITY 2.5%		.00		521.89		1473.89		2662.67
ABT-PENSION-IMRF TIER 1		.00		962.88		2719.32		4912.63
HEALTH PREPAID HMO		.00		.00		6030.29		6030.29
WELLNESS CREDIT		.00		10.00-		30.00-		60.00-
HMO PLAN C-E+FAMILY		.00		204.36		991.14		2314.35
DENTAL-E+F		.00		50.24		251.20		602.88
DENTAL PREPAID		.00		.00		761.95		761.95
Tax-TAX-MEDICARE		.00		306.88		760.99		1445.04
TAX-SOCIAL SECURITY		.00		1312.18		3253.91		6178.82
TAX-FEDERAL INCOME		.00		3908.35		8268.22		14383.74
TAX-STATE INCOME		.00		999.97		2463.27		4689.90
Ded-VOLUNTARY IMRF TIER 1		.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE		.00		7.57		37.85		90.84
DUES-3298/F.T.		.00		27.78		138.90		332.37
Ben-GROUP TERM LIFE INSURANCE		.00		.01		.05		.12
EMPLOYER HEALTH INS. COST		817.43		1634.86		4904.58		10626.59
CITY SHARE-MEDICARE 1.45		.00		306.88		760.99		1445.04
CITY SHARE- IMRF TIER 1		.00		2090.51		5903.93		10665.85
CITY SHARE-SOC SEC 6.20		.00		1312.18		3253.91		6178.82
CITY SHARE-WORKERS COMP		.00		1042.14		2500.27		4321.83
********** Division Totals **********								
Ben-GROSS		117020.55		250710.13		727899.37		1699506.60
NET		69889.99		149732.85		428651.74		981427.69
Hrs-REGULAR HOURS WORKED	1665.000	69559.91	3147.330	131054.41	9158.750	382929.67	20250.080	837146.57
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND	.000	500.00	.000	500.00	.000	500.00	.000	1000.00
COMP TIME PAID CIV.	.000	.00	64.000	2525.68	97.670	4034.71	234.000	9745.40
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME	.000	.00	40.000	2220.96	40.000	2220.96	216.000	11972.00
DEATH LEAVE	.000	.00	.000	.00	.000	.00	24.000	1166.64
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	.590	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.89
FLOAT HOLI	24.000	1201.68	88.000	4189.36	166.000	7766.00	348.000	16705.86
FLOAT HOLI-CONT SFT	.000	.00	.000	.00	48.000	3242.40	362.000	20454.45
FMLA TRACKING ONLY	.000	.00	16.000	.00	16.000	.00	141.400	.00
FH PAID OFF-PREVIOUS YEAR	.000	.00	.000	.00	.000	.00	10.500	578.83
FINAL SICK PAYOFF	.000	.00	58.410	3020.97	58.410	3020.97	742.140	41183.26
FINAL PTO PAYOFF	.000	.00	87.462	4523.53	233.334	12068.03	477.338	23350.14

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name Employee Number

Description	--- Current --- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
Ded-DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		23.25		46.50		139.50		321.85
ACCDNT LIFE E+SPOUSE		16.04		32.08		96.24		208.52
ACCDNT LIFE E+CHILD		9.11		18.22		54.66		118.43
ACCDNT LIFE E+FAMILY		62.40		124.80		374.40		811.20
SHIFT OVERPAY REPAYMENT		25.00		50.00		150.00		325.00
VOLUNTARY IMRF TIER 1		3227.20		6322.69		19004.99		51968.79
VOLUNTARY IMRF TIER 2		910.49		1961.53		5765.94		15311.72
Ben-GROUP TERM LIFE INSURANCE		.26		.53		1.57		3.48
EMPLOYER HEALTH INS. COST		13811.13		27622.26		82866.78		183415.47
CITY SHARE-MEDICARE 1.45		1629.68		3498.81		10043.06		23493.20
CITY SHARE- IMRF TIER 1		4802.94		11528.65		34361.52		81266.48
CITY SHARE- IMRF TIER 2		6629.96		12965.73		36754.26		84775.40
CITY SHARE-SOC SEC 6.20		6968.24		14960.48		42942.91		100453.84
CITY SHARE-WORKERS COMP		4986.16		11006.85		32364.83		75362.39

27 Current Employees
3 Terminated Employees

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name Employee Number

Description	--- Current --- Qty	Current Amount	---- M-T-D ----- Qty	M-T-D Amount	---- Q-T-D ----- Qty	Q-T-D Amount	---- Y-T-D ----- Qty	Y-T-D Amount
********** Division Totals **********								
Ben-GROSS		129319.30		129319.30		129319.30		1828825.90
NET		76667.68		76667.68		76667.68		1058095.37
Hrs-REGULAR HOURS WORKED	1549.250	63128.59	1549.250	63128.59	1549.250	63128.59	21799.330	900275.16
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	1000.00
COMP TIME PAID CIV.	20.000	861.20	20.000	861.20	20.000	861.20	254.000	10606.60
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME	40.000	2220.96	40.000	2220.96	40.000	2220.96	256.000	14192.96
DEATH LEAVE	.000	.00	.000	.00	.000	.00	24.000	1166.64
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	.590	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.89
FLOAT HOLI	18.000	1076.84	18.000	1076.84	18.000	1076.84	366.000	17782.70
FLOAT HOLI-CONT SFT	8.000	615.96	8.000	615.96	8.000	615.96	370.000	21070.41
FMLA TRACKING ONLY	.000	.00	.000	.00	.000	.00	141.400	.00
FH PAID OFF-PREVIOUS YEAR	.000	.00	.000	.00	.000	.00	10.500	578.83
FINAL SICK PAYOFF	.000	.00	.000	.00	.000	.00	742.140	41183.26
FINAL PTO PAYOFF	.000	.00	.000	.00	.000	.00	477.338	23350.14
HOLIDAY MONEY 2023	.000	.00	.000	.00	.000	.00	93.000	3652.39
HOLIDAY MONEY 2024	.000	.00	.000	.00	.000	.00	237.830	9539.35
HOLIDAY MONEY 2025	.000	.00	.000	.00	.000	.00	76.000	3152.88
SICK ON OVERTIME	18.000	.00	18.000	.00	18.000	.00	267.570	.00
LIGHT DUTY	.000	.00	.000	.00	.000	.00	1194.830	52632.85
WORKED-PAY LATER	176.000	.00	176.000	.00	176.000	.00	2441.990	.00
OUT OF JOB CLASS	.000	64.00	.000	64.00	.000	64.00	.000	2220.72
PRIOR YR. PTO CHANGE	.000	.00	.000	.00	.000	.00	2.000-	75.38-
PERSONAL DAYS	.000	.00	.000	.00	.000	.00	33.500	2305.81
PTO/FAMILY MEDICAL LEAVE	.000	.00	.000	.00	.000	.00	2.000	75.38
PTO-PREV YR	.000	.00	.000	.00	.000	.00	112.000	5197.84
PTO-VA,FH,PD	200.000	8371.92	200.000	8371.92	200.000	8371.92	824.000	35479.60
PD-NO WORK/TRADE DAY	194.250	8408.98	194.250	8408.98	194.250	8408.98	2497.000	103326.55
PTO PAID OFF-PRV YR	.000	.00	.000	.00	.000	.00	72.000	2872.92
RETRO-O.T. PAY-2.0	.000	.00	.000	.00	.000	.00	.000	29.07
RETRO-O.T.	.000	.00	.000	.00	.000	.00	.000	1.56
RETRO-REG PAY	.000	.00	.000	.00	.000	.00	.000	140.80
SALARY ADJUSTMENT	.000	.00	.000	.00	.000	.00	.000	.02-
SICK EXCESS UNPAID	.000	.00	.000	.00	.000	.00	5.500	.00
SICK FAMILY EXCUSED	.000	.00	.000	.00	.000	.00	181.330	9947.55
SICK FAMILY	1.000	43.06	1.000	43.06	1.000	43.06	96.750	4211.29
SICK/FAM-LV/PAID	18.000	914.38	18.000	914.38	18.000	914.38	66.000	3088.54
SICK/FAM-LV/UNPAID	.000	.00	.000	.00	.000	.00	21.500	.00
SUSPENSION NO PAY	32.000	.00	32.000	.00	32.000	.00	168.000	.00
SICK SELF	35.500	1294.41	35.500	1294.41	35.500	1294.41	724.250	30468.88
SICK SELF-EXEC/FIRE	.000	.00	.000	.00	.000	.00	12.000	825.96
SICK PD PRV YR 100%	.000	.00	.000	.00	.000	.00	203.810	11160.10
TRAINING EMPLOYEE	2.000	67.34	2.000	67.34	2.000	67.34	103.000	4488.07
TRADE-HOLIDAY CHIT	16.000	.00	16.000	.00	16.000	.00	21.000	.00
TRADE-LAST YEAR HOLIDAY	.000	.00	.000	.00	.000	.00	54.000	.00

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Employee Name / Description	Employee Number --- Current --- Qty	Current Amount	M-T-D Qty	M-T-D Amount	Q-T-D Qty	Q-T-D Amount	Y-T-D Qty	Y-T-D Amount
********** Division Totals **********								
Tax-TAX-SOCIAL SECURITY		7732.72		7732.72		7732.72		108186.56
Ded-LIFE INS-VOL EMPLOYEE		267.14		267.14		267.14		3830.80
LIFE INS-NCPERS		8.00		8.00		8.00		120.00
LIFE INS-VOL SPOUSE		10.15		10.15		10.15		142.10
LIFE INS-VOL CHILD		2.10		2.10		2.10		29.40
DUES-3298/F.T.		583.38		583.38		583.38		8311.23
HEALTH PREPAID HMO YEAR 2		.00		.00		.00		10337.64
HOSP INDEMNITY - EMPLOYEE		19.62		19.62		19.62		302.24
HOSP INDEMNITY - E+SPOUSE		27.30		27.30		27.30		382.20
HOSP INDEMNITY E+FAMILY		18.52		18.52		18.52		259.28
AD&D INS -EMPLOYEE		31.70		31.70		31.70		445.62
AD&D INS -SPOUSE		2.84		2.84		2.84		39.76
AD&D INS -CHILD		.56		.56		.56		7.84
CRIT ILL INS-EMPLOYEE		75.70		75.70		75.70		1059.80
CRIT ILL INS-SPOUSE		26.62		26.62		26.62		372.68
CRIT ILL INS-CHILD		7.12		7.12		7.12		99.68
C.U.-POLICE		2615.50		2615.50		2615.50		35987.00
DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		23.25		23.25		23.25		345.10
ACCDNT LIFE E+SPOUSE		16.04		16.04		16.04		224.56
ACCDNT LIFE E+CHILD		9.11		9.11		9.11		127.54
ACCDNT LIFE E+FAMILY		62.40		62.40		62.40		873.60
SHIFT OVERPAY REPAYMENT		25.00		25.00		25.00		350.00
VOLUNTARY IMRF TIER 1		3932.18		3932.18		3932.18		55900.97
VOLUNTARY IMRF TIER 2		948.45		948.45		948.45		16260.17
Ben-GROUP TERM LIFE INSURANCE		.27		.27		.27		3.75
EMPLOYER HEALTH INS. COST		12993.70		12993.70		12993.70		196409.17
CITY SHARE-MEDICARE 1.45		1808.44		1808.44		1808.44		25301.64
CITY SHARE- IMRF TIER 1		5549.53		5549.53		5549.53		86816.01
CITY SHARE- IMRF TIER 2		7084.96		7084.96		7084.96		91860.36
CITY SHARE-SOC SEC 6.20		7732.72		7732.72		7732.72		108186.56
CITY SHARE-WORKERS COMP		5150.26		5150.26		5150.26		80512.65

27 Current Employees
4 Terminated Employees

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Employee Name / Description	Employee Number	--- Current --- Qty	Current Amount	---- M-T-D ----- Qty	M-T-D Amount	---- Q-T-D ----- Qty	Q-T-D Amount	---- Y-T-D ----- Qty	Y-T-D Amount
* WHALEN, TRACIE	1656								
ABT-HEALTH PREPAID HMO			.00		.00		.00		6030.29
WELLNESS CREDIT			.00		.00		.00		60.00-
HMO PLAN C-E+FAMILY			.00		.00		.00		2314.35
DENTAL-E+F			.00		.00		.00		602.88
DENTAL PREPAID			.00		.00		.00		761.95
Tax-TAX-MEDICARE			.00		.00		.00		1445.04
TAX-SOCIAL SECURITY			.00		.00		.00		6178.82
TAX-FEDERAL INCOME			.00		.00		.00		14383.74
TAX-STATE INCOME			.00		.00		.00		4689.90
Ded-VOLUNTARY IMRF TIER 1			.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE			.00		.00		.00		90.84
DUES-3298/F.T.			.00		.00		.00		332.37
Ben-GROUP TERM LIFE INSURANCE			.00		.00		.00		.12
EMPLOYER HEALTH INS. COST			.00		.00		.00		10626.59
CITY SHARE-MEDICARE 1.45			.00		.00		.00		1445.04
CITY SHARE- IMRF TIER 1			.00		.00		.00		10665.85
CITY SHARE-SOC SEC 6.20			.00		.00		.00		6178.82
CITY SHARE-WORKERS COMP			.00		.00		.00		4321.83
********** Division Totals **********									
Ben-GROSS			145791.59		275110.89		275110.89		1974617.49
NET			86449.63		163117.31		163117.31		1144545.00
Hrs-REGULAR HOURS WORKED		1410.500	55406.87	2959.750	118535.46	2959.750	118535.46	23209.830	955682.03
ADMIN LEAVE NO PAY		.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND		.000	.00	.000	.00	.000	.00	.000	1000.00
COMP TIME PAID CIV.		23.000	779.01	43.000	1640.21	43.000	1640.21	277.000	11385.61
COMP TIME USED CIV.		5.500	289.41	5.500	289.41	5.500	289.41	5.500	289.41
COMP PD OFF-PRV YR		.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME		40.000	2220.96	80.000	4441.92	80.000	4441.92	296.000	16413.92
DEATH LEAVE		.000	.00	.000	.00	.000	.00	24.000	1166.64
TARDY/LATE - NO PAY		.000	.00	.000	.00	.000	.00	.590	.00
END OF YEAR PTO		.000	.00	.000	.00	.000	.00	331.000	15578.89
FLOAT HOLI		16.000	552.16	34.000	1629.00	34.000	1629.00	382.000	18334.86
FLOAT HOLI-CONT SFT		8.000	361.32	16.000	977.28	16.000	977.28	378.000	21431.73
FMLA TRACKING ONLY		.000	.00	.000	.00	.000	.00	141.400	.00
FH PAID OFF-PREVIOUS YEAR		.000	.00	.000	.00	.000	.00	10.500	578.83
FINAL SICK PAYOFF		.000	.00	.000	.00	.000	.00	742.140	41183.26
FINAL PTO PAYOFF		.000	.00	.000	.00	.000	.00	477.338	23350.14
HOLIDAY MONEY 2023		.000	.00	.000	.00	.000	.00	93.000	3652.39
HOLIDAY MONEY 2024		.000	.00	.000	.00	.000	.00	237.830	9539.35
HOLIDAY MONEY 2025		.000	.00	.000	.00	.000	.00	76.000	3152.88
SICK ON OVERTIME		5.670	.00	23.670	.00	23.670	.00	273.240	.00
LIGHT DUTY		24.000	904.56	24.000	904.56	24.000	904.56	1218.830	53537.41
MATERNITY/PATERNITY		48.000	1625.76	48.000	1625.76	48.000	1625.76	48.000	1625.76
WORKED-PAY LATER		88.670	.00	264.670	.00	264.670	.00	2530.660	.00
OUT OF JOB CLASS		.000	144.00	.000	208.00	.000	208.00	.000	2364.72
PRIOR YR. PTO CHANGE		.000	.00	.000	.00	.000	.00	2.000-	75.38-

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Employee Name / Description	Employee Number --- Current --- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
Ben-GROUP TERM LIFE INSURANCE		.27		.54		.54		4.02
EMPLOYER HEALTH INS COST		12993.70		25987.40		25987.40		209402.87
CITY SHARE-MEDICARE 1.45		2046.89		3855.33		3855.33		27348.53
CITY SHARE- IMRF TIER 1		5450.72		11000.25		11000.25		92266.73
CITY SHARE- IMRF TIER 2		8793.12		15878.08		15878.08		100653.48
CITY SHARE-SOC SEC 6.20		8752.14		16484.86		16484.86		116938.70
CITY SHARE-WORKERS COMP		5295.43		10445.69		10445.69		85808.08
27 Current Employees								
4 Terminated Employees								

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Employee Name / Description	Employee Number / Current Qty	Current Amount	M-T-D Qty	M-T-D Amount	Q-T-D Qty	Q-T-D Amount	Y-T-D Qty	Y-T-D Amount
* WHALEN, TRACIE	1656							
Hrs-SICK FAMILY EXCUSED	.000	.00	.000	.00	.000	.00	25.330	1310.07
SICK FAMILY	.000	.00	.000	.00	.000	.00	26.000	1344.72
SICK/FAM-LV/PAID	.000	.00	.000	.00	.000	.00	8.000	413.76
SICK SELF	.000	.00	.000	.00	.000	.00	11.250	581.85
TRAINING EMPLOYEE	.000	.00	.000	.00	.000	.00	18.000	930.96
OT 1.5-PD	.000	.00	.000	.00	.000	.00	396.000	30721.68
PREP TIME 1.5 RATE	.000	.00	.000	.00	.000	.00	7.700	597.52
OT DBL-PD	.000	.00	.000	.00	.000	.00	9.000	930.96
HOLIDAY TIME 2024	.000	.00	.000	.00	.000	.00	30.000	1551.60
OT 1.5-BANK	.000	.00	.000	.00	.000	.00	34.000	.00
HOLIDAY TIME 2025	.000	.00	.000	.00	.000	.00	8.000	413.76
Add-LONGEVITY 2.5%		.00		.00		.00		2662.67
ABT-PENSION-IMRF TIER 1		.00		.00		.00		4912.63
HEALTH PREPAID HMO		.00		.00		.00		6030.29
WELLNESS CREDIT		.00		.00		.00		60.00-
HMO PLAN C-E+FAMILY		.00		.00		.00		2314.35
DENTAL-E+F		.00		.00		.00		602.88
DENTAL PREPAID		.00		.00		.00		761.95
Tax-TAX-MEDICARE		.00		.00		.00		1445.04
TAX-SOCIAL SECURITY		.00		.00		.00		6178.82
TAX-FEDERAL INCOME		.00		.00		.00		14383.74
TAX-STATE INCOME		.00		.00		.00		4689.90
Ded-VOLUNTARY IMRF TIER 1		.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE		.00		.00		.00		90.84
DUES-3298/F.T.		.00		.00		.00		332.37
Ben-GROUP TERM LIFE INSURANCE		.00		.00		.00		.12
EMPLOYER HEALTH INS. COST		.00		.00		.00		10626.59
CITY SHARE-MEDICARE 1.45		.00		.00		.00		1445.04
CITY SHARE- IMRF TIER 1		.00		.00		.00		10665.85
CITY SHARE-SOC SEC 6.20		.00		.00		.00		6178.82
CITY SHARE-WORKERS COMP		.00		.00		.00		4321.83
********** Division Totals **********								
Ben-GROSS		134840.12		409951.01		409951.01		2109457.61
NET		81147.60		244264.91		244264.91		1225692.60
Hrs-REGULAR HOURS WORKED	1640.500	65559.54	4600.250	184095.00	4600.250	184095.00	24850.330	1021241.57
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	1000.00
COMP TIME PAID CIV.	70.000	3171.50	113.000	4811.71	113.000	4811.71	347.000	14557.11
COMP TIME USED CIV.	.000	.00	5.500	289.41	5.500	289.41	5.500	289.41
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	318.620	12110.77
HOLI-DESIGNATED/TIME	.000	.00	80.000	4441.92	80.000	4441.92	296.000	16413.92
DEATH LEAVE	.000	.00	.000	.00	.000	.00	24.000	1166.64
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	.590	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	331.000	15578.89
FLOAT HOLI	12.000	599.36	46.000	2228.36	46.000	2228.36	394.000	18934.22
FLOAT HOLI-CONT SFT	68.000	3441.78	84.000	4419.06	84.000	4419.06	446.000	24873.51

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Employee Name Employee Number

Description	--- Current --- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
Ded-AD&D INS -SPOUSE		2.84		8.52		8.52		45.44
AD&D INS -CHILD		.56		1.68		1.68		8.96
CRIT ILL INS-EMPLOYEE		75.70		227.10		227.10		1211.20
CRIT ILL INS-SPOUSE		26.62		79.86		79.86		425.92
CRIT ILL INS-CHILD		8.90		23.14		23.14		115.70
C.U.-POLICE		3290.50		9196.50		9196.50		42568.00
DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		23.25		69.75		69.75		391.60
ACCDNT LIFE E+SPOUSE		8.02		40.10		40.10		248.62
ACCDNT LIFE E+CHILD		9.11		27.33		27.33		145.76
ACCDNT LIFE E+FAMILY		74.88		199.68		199.68		1010.88
SHIFT OVERPAY REPAYMENT		25.00		75.00		75.00		400.00
VOLUNTARY IMRF TIER 1		3619.26		10951.33		10951.33		62920.12
VOLUNTARY IMRF TIER 2		1180.10		3498.38		3498.38		18810.10
Ben-GROUP TERM LIFE INSURANCE		.27		.81		.81		4.29
EMPLOYER HEALTH INS. COST		13458.17		39445.57		39445.57		222861.04
CITY SHARE-MEDICARE 1.45		1885.80		5741.13		5741.13		29234.33
CITY SHARE- IMRF TIER 1		5643.15		16643.40		16643.40		97909.88
CITY SHARE- IMRF TIER 2		7530.75		23408.83		23408.83		108184.23
CITY SHARE-SOC SEC 6.20		8063.46		24548.32		24548.32		125002.16
CITY SHARE-WORKERS COMP		5532.73		15978.42		15978.42		91340.81

27 Current Employees
4 Terminated Employees

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name / Description	Employee Number	--- Current --- Qty	--- Current --- Amount	---- M-T-D ----- Qty	---- M-T-D ----- Amount	---- Q-T-D ----- Qty	---- Q-T-D ----- Amount	---- Y-T-D ----- Qty	---- Y-T-D ----- Amount
* WHALEN, TRACIE	1656								
Hrs-HOLIDAY MONEY 2023		.000	.00	.000	.00	.000	.00	4.000	206.88
HOLIDAY MONEY 2024		.000	.00	.000	.00	.000	.00	75.000	3879.00
HOLIDAY MONEY 2025		.000	.00	.000	.00	.000	.00	36.000	1861.92
SICK ON OVERTIME		.000	.00	.000	.00	.000	.00	20.000	.00
LIGHT DUTY		.000	.00	.000	.00	.000	.00	543.500	28109.82
WORKED-PAY LATER		.000	.00	.000	.00	.000	.00	159.010	.00
PTO-PREV YR		.000	.00	.000	.00	.000	.00	32.000	1655.04
PD-NO WORK/TRADE DAY		.000	.00	.000	.00	.000	.00	144.000	7447.68
SICK FAMILY EXCUSED		.000	.00	.000	.00	.000	.00	25.330	1310.07
SICK FAMILY		.000	.00	.000	.00	.000	.00	26.000	1344.72
SICK/FAM-LV/PAID		.000	.00	.000	.00	.000	.00	8.000	413.76
SICK SELF		.000	.00	.000	.00	.000	.00	11.250	581.85
TRAINING EMPLOYEE		.000	.00	.000	.00	.000	.00	18.000	930.96
OT 1.5-PD		.000	.00	.000	.00	.000	.00	396.000	30721.68
PREP TIME 1.5 RATE		.000	.00	.000	.00	.000	.00	7.700	597.52
OT DBL-PD		.000	.00	.000	.00	.000	.00	9.000	930.96
HOLIDAY TIME 2024		.000	.00	.000	.00	.000	.00	30.000	1551.60
OT 1.5-BANK		.000	.00	.000	.00	.000	.00	34.000	.00
HOLIDAY TIME 2025		.000	.00	.000	.00	.000	.00	8.000	413.76
Add-LONGEVITY 2.5%			.00		.00		.00		2662.67
ABT-PENSION-IMRF TIER 1			.00		.00		.00		4912.63
HEALTH PREPAID HMO			.00		.00		.00		6030.29
WELLNESS CREDIT			.00		.00		.00		60.00-
HMO PLAN C-E+FAMILY			.00		.00		.00		2314.35
DENTAL-E+F			.00		.00		.00		602.88
DENTAL PREPAID			.00		.00		.00		761.95
Tax-TAX-MEDICARE			.00		.00		.00		1445.04
TAX-SOCIAL SECURITY			.00		.00		.00		6178.82
TAX-FEDERAL INCOME			.00		.00		.00		14383.74
TAX-STATE INCOME			.00		.00		.00		4689.90
Ded-VOLUNTARY IMRF TIER 1			.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE			.00		.00		.00		90.84
DUES-3298/F.T.			.00		.00		.00		332.37
Ben-GROUP TERM LIFE INSURANCE			.00		.00		.00		.12
EMPLOYER HEALTH INS. COST			.00		.00		.00		10626.59
CITY SHARE-MEDICARE 1.45			.00		.00		.00		1445.04
CITY SHARE- IMRF TIER 1			.00		.00		.00		10665.85
CITY SHARE-SOC SEC 6.20			.00		.00		.00		6178.82
CITY SHARE-WORKERS COMP			.00		.00		.00		4321.83
************* Division Totals ************									
Ben-GROSS			133552.12		133552.12		543503.13		2243009.73
NET			79127.19		79127.19		323392.10		1304819.79
Hrs-REGULAR HOURS WORKED		1579.000	65581.31	1579.000	65581.31	6179.250	249676.31	26429.330	1086822.88
ADMIN LEAVE NO PAY		.000	.00	.000	.00	.000	.00	32.000	.00
BONUS/STIPEND		.000	.00	.000	.00	.000	.00	.000	1000.00
COMP TIME PAID CIV.		32.000	1119.36	32.000	1119.36	145.000	5931.07	379.000	15676.47

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Employee Name / Description	Employee Number --- Current --- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
Ded-LIFE INS-VOL SPOUSE		10.15		10.15		40.60		172.55
LIFE INS-VOL CHILD		2.10		2.10		8.40		35.70
DUES-3298/F.T.		611.16		611.16		2361.30		10089.15
HEALTH PREPAID HMO YEAR 2		.00		.00		.00		10337.64
HOSP INDEMNITY - EMPLOYEE		19.62		19.62		78.48		361.10
HOSP INDEMNITY - E+SPOUSE		13.65		13.65		81.90		436.80
HOSP INDEMNITY E+FAMILY		37.04		37.04		111.12		351.88
AD&D INS -EMPLOYEE		31.70		31.70		126.80		540.72
AD&D INS -SPOUSE		2.84		2.84		11.36		48.28
AD&D INS -CHILD		.56		.56		2.24		9.52
CRIT ILL INS-EMPLOYEE		75.70		75.70		302.80		1286.90
CRIT ILL INS-SPOUSE		26.62		26.62		106.48		452.54
CRIT ILL INS-CHILD		8.90		8.90		32.04		124.60
C.U.-POLICE		3290.50		3290.50		12487.00		45858.50
DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		23.25		23.25		93.00		414.85
ACCDNT LIFE E+SPOUSE		8.02		8.02		48.12		256.64
ACCDNT LIFE E+CHILD		9.11		9.11		36.44		154.87
ACCDNT LIFE E+FAMILY		74.88		74.88		274.56		1085.76
SHIFT OVERPAY REPAYMENT		25.00		25.00		100.00		425.00
VOLUNTARY IMRF TIER 1		3480.08		3480.08		14431.41		66400.20
VOLUNTARY IMRF TIER 2		718.39		718.39		4216.77		19528.49
Ben-GROUP TERM LIFE INSURANCE		.27		.27		1.08		4.56
EMPLOYER HEALTH INS. COST		13458.17		13458.17		52903.74		236319.21
CITY SHARE-MEDICARE 1.45		1867.79		1867.79		7608.92		31102.12
CITY SHARE- IMRF TIER 1		5473.39		5473.39		22116.79		103383.27
CITY SHARE- IMRF TIER 2		7574.63		7574.63		30983.46		115758.86
CITY SHARE-SOC SEC 6.20		7986.37		7986.37		32534.69		132988.53
CITY SHARE-WORKERS COMP		5319.31		5319.31		21297.73		96660.12
27 Current Employees								
4 Terminated Employees								

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Employee Name / Description	Employee Number / Qty	--- Current --- Amount	---- M-T-D ----- Qty	M-T-D Amount	---- Q-T-D ----- Qty	Q-T-D Amount	---- Y-T-D ----- Qty	Y-T-D Amount
* WHALEN, TRACIE	1656							
Hrs-FINAL SICK PAYOFF	.000	.00	.000	.00	.000	.00	58.410	3020.97
FINAL PTO PAYOFF	.000	.00	.000	.00	.000	.00	233.334	12068.03
HOLIDAY MONEY 2023	.000	.00	.000	.00	.000	.00	4.000	206.88
HOLIDAY MONEY 2024	.000	.00	.000	.00	.000	.00	75.000	3879.00
HOLIDAY MONEY 2025	.000	.00	.000	.00	.000	.00	36.000	1861.92
SICK ON OVERTIME	.000	.00	.000	.00	.000	.00	20.000	.00
LIGHT DUTY	.000	.00	.000	.00	.000	.00	543.500	28109.82
WORKED-PAY LATER	.000	.00	.000	.00	.000	.00	159.010	.00
PTO-PREV YR	.000	.00	.000	.00	.000	.00	32.000	1655.04
PD-NO WORK/TRADE DAY	.000	.00	.000	.00	.000	.00	144.000	7447.68
SICK FAMILY EXCUSED	.000	.00	.000	.00	.000	.00	25.330	1310.07
SICK FAMILY	.000	.00	.000	.00	.000	.00	26.000	1344.72
SICK/FAM-LV/PAID	.000	.00	.000	.00	.000	.00	8.000	413.76
SICK SELF	.000	.00	.000	.00	.000	.00	11.250	581.85
TRAINING EMPLOYEE	.000	.00	.000	.00	.000	.00	18.000	930.96
OT 1.5-PD	.000	.00	.000	.00	.000	.00	396.000	30721.68
PREP TIME 1.5 RATE	.000	.00	.000	.00	.000	.00	7.700	597.52
OT DBL-PD	.000	.00	.000	.00	.000	.00	9.000	930.96
HOLIDAY TIME 2024	.000	.00	.000	.00	.000	.00	30.000	1551.60
OT 1.5-BANK	.000	.00	.000	.00	.000	.00	34.000	.00
HOLIDAY TIME 2025	.000	.00	.000	.00	.000	.00	8.000	413.76
Add-LONGEVITY 2.5%		.00		.00		.00		2662.67
ABT-PENSION-IMRF TIER 1		.00		.00		.00		4912.63
HEALTH PREPAID HMO		.00		.00		.00		6030.29
WELLNESS CREDIT		.00		.00		.00		60.00-
HMO PLAN C-E+FAMILY		.00		.00		.00		2314.35
DENTAL-E+F		.00		.00		.00		602.88
DENTAL PREPAID		.00		.00		.00		761.95
Tax-TAX-MEDICARE		.00		.00		.00		1445.04
TAX-SOCIAL SECURITY		.00		.00		.00		6178.82
TAX-FEDERAL INCOME		.00		.00		.00		14383.74
TAX-STATE INCOME		.00		.00		.00		4689.90
Ded-VOLUNTARY IMRF TIER 1		.00		.00		.00		2437.01
LIFE INS-VOL EMPLOYEE		.00		.00		.00		90.84
DUES-3298/F.T.		.00		.00		.00		332.37
Ben-GROUP TERM LIFE INSURANCE		.00		.00		.00		.12
EMPLOYER HEALTH INS. COST		.00		.00		.00		10626.59
CITY SHARE-MEDICARE 1.45		.00		.00		.00		1445.04
CITY SHARE- IMRF TIER 1		.00		.00		.00		10665.85
CITY SHARE-SOC SEC 6.20		.00		.00		.00		6178.82
CITY SHARE-WORKERS COMP		.00		.00		.00		4321.83
********** Division Totals **********								
Ben-GROSS		129286.06		262838.18		672789.19		2372295.79
NET		75842.47		154969.66		399234.57		1380662.26
Hrs-REGULAR HOURS WORKED	1634.440	69660.93	3213.440	135242.24	7813.690	319337.24	28063.770	1156483.81
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	32.000	.00

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Employee Name / Description	Employee Number --- Current --- Qty	Amount	---- M-T-D ----- Qty	Amount	---- Q-T-D ----- Qty	Amount	---- Y-T-D ----- Qty	Amount
********** Division Totals **********								
Tax-TAX-SOCIAL SECURITY		7721.40		15707.77		40256.09		140709.93
Ded-LIFE INS-VOL EMPLOYEE		267.14		534.28		1335.70		4899.36
LIFE INS-NCPERS		8.00		16.00		32.00		144.00
LIFE INS-VOL SPOUSE		10.15		20.30		50.75		182.70
LIFE INS-VOL CHILD		2.10		4.20		10.50		37.80
DUES-3298/F.T.		583.38		1194.54		2944.68		10672.53
HEALTH PREPAID HMO YEAR 2		.00		.00		.00		10337.64
HOSP INDEMNITY - EMPLOYEE		19.62		39.24		98.10		380.72
HOSP INDEMNITY - E+SPOUSE		13.65		27.30		95.55		450.45
HOSP INDEMNITY E+FAMILY		37.04		74.08		148.16		388.92
AD&D INS -EMPLOYEE		31.70		63.40		158.50		572.42
AD&D INS -SPOUSE		2.84		5.68		14.20		51.12
AD&D INS -CHILD		.56		1.12		2.80		10.08
CRIT ILL INS-EMPLOYEE		75.70		151.40		378.50		1362.60
CRIT ILL INS-SPOUSE		26.62		53.24		133.10		479.16
CRIT ILL INS-CHILD		8.90		17.80		40.94		133.50
C.U.-POLICE		3290.50		6581.00		15777.50		49149.00
DENTAL PREPAID - YEAR 2		.00		.00		.00		1306.20
ACCDNT LIFE EMPLOYEE		23.25		46.50		116.25		438.10
ACCDNT LIFE E+SPOUSE		8.02		16.04		56.14		264.66
ACCDNT LIFE E+CHILD		9.11		18.22		45.55		163.98
ACCDNT LIFE E+FAMILY		74.88		149.76		349.44		1160.64
SHIFT OVERPAY REPAYMENT		25.00		50.00		125.00		450.00
VOLUNTARY IMRF TIER 1		3661.32		7141.40		18092.73		70061.52
VOLUNTARY IMRF TIER 2		870.78		1589.17		5087.55		20399.27
Ben-GROUP TERM LIFE INSURANCE		.26		.53		1.34		4.82
EMPLOYER HEALTH INS. COST		13260.57		26718.74		66164.31		249579.78
CITY SHARE-MEDICARE 1.45		1805.81		3673.60		9414.73		32907.93
CITY SHARE- IMRF TIER 1		5867.16		11340.55		27983.95		109250.43
CITY SHARE- IMRF TIER 2		6764.08		14338.71		37747.54		122522.94
CITY SHARE-SOC SEC 6.20		7721.40		15707.77		40256.09		140709.93
CITY SHARE-WORKERS COMP		5151.94		10471.25		26449.67		101812.06

26 Current Employees
5 Terminated Employees

PREPARED 09/04/2025, 9:21:56 ACCOUNT ACTIVITY LISTING

PROGRAM GM360L

FISCAL YEAR: 2025

ACCOUNT NUMBER SELECTION

FROM: 211-0000-400.00-00 TO: 211-9999-999.99-99

TYPE: S (O-ONLY, R-RANGE, S-SELECTIVE)

Q3-2025

TRANSACTION SELECTION

TYPES... AJ X CR X BA X TF X EN AP X

DATE RANGE...FROM: 0/00/0000 TO: 99/99/9999

PERIOD...FROM: 06 TO: 08

POSTING DATE RANGE...FROM: 0/00/0000 TO: 99/99/9999

SUPPRESS PRINTING OF ACCOUNTS WITHOUT TRANSACTIONS (N/Y): Y

PRINT DEBIT/CREDIT COLUMNS, SUPPRESS BUDGET . . . (N/Y): Y

PRINT ENCUMBRANCE . . . . . (N/Y): N

PAGE BREAK BY FUND: N

PAGE BREAK BY ACCOUNT: N

PAGE BREAK BY DPT/DIV: N

USE CURRENT BUDGET FOR ESTIM/APPROP TOTAL: N

GROUP NBR	PO NBR	ACCTG PER.	CD	DATE	NUMBER	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
FUND 211 WIRELESS 911 SURCHARGE									
211-0000-819.01-01 TRANSFER TO OTHER FUNDS / GENERAL FUND									
4191		07/25	AJ	07/01/25	727	MISC INTERFUND TRANSFERS QUARTER 3	312,500.00		
						ACCOUNT TOTAL	312,500.00	.00	312,500.00
211-1280-419.38-03 REPAIRS & MTCE. SERVICES / EQUIPMENT-RADIOS									
						ACCOUNT TOTAL	.00	.00	.00
211-1280-419.38-05 REPAIRS & MTCE. SERVICES / BUILDING & GROUNDS									
						ACCOUNT TOTAL	.00	.00	.00
211-1280-419.38-12 REPAIRS & MTCE. SERVICES / C.A.D.S.									
3791		06/25	BA	06/24/25	BA02	Budget Amendment #2			
3989	310127	07/25	AP	04/30/25	0033424	INTERGRAPH CORPORATION MAINTENANCE CONTRACTS	18,727.88		
						ACCOUNT TOTAL	18,727.88	.00	18,727.88
211-1280-419.50-50 OTHER SC-SPECIAL PROGRAMS / GRANT/OTHER									
4346	310192	07/25	AP	06/30/25	0033651	VOIANCE LANGUAGE SERVICES LLC PROFESSIONAL CONSULTING	158.70		
3984	310677	07/25	AP	06/13/25	0497584	AT & T MAINTENANCE CONTRACTS	(b) 68.38		
3989	310192	07/25	AP	06/12/25	0033491	VOIANCE LANGUAGE SERVICES LLC PROFESSIONAL CONSULTING		86.94	
3476	310192	06/25	AP	05/31/25	0033330	VOIANCE LANGUAGE SERVICES LLC PROFESSIONAL CONSULTING	146.28		
3989	310192	07/25	AP	05/31/25	0033491	VOIANCE LANGUAGE SERVICES LLC PROFESSIONAL CONSULTING	1,426.23		
3544	310363	06/25	AP	04/30/25	0033238	CYRACOM INTERNATIONAL, INC. PROFESSIONAL CONSULTING		5.52	
3544	310363	06/25	AP	04/30/25	0033238	CYRACOM INTERNATIONAL, INC. PROFESSIONAL CONSULTING	986.01		
3993	310192	07/25	AP	04/30/25	0033491	VOIANCE LANGUAGE SERVICES LLC PROFESSIONAL CONSULTING	86.94		
						ACCOUNT TOTAL	2,872.54	92.46	2,780.08 (a)
211-3537-421.38-13 REPAIRS & MTCE. SERVICES / EQUIPMENT-TELEPHONE									
3869	308102	07/25	AP	05/30/25	0497626	INTRADO LIFE & SAFETY SOLUTIO PROFESSIONAL CONSULTING	1,000.00		

computer software

phone maintenance

Language services

Computer maintenance

@-(b)= 2711.70

GROUP NBR	PO NBR	ACCTG PER.	----TRANSACTION---- CD	DATE	NUMBER	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
FUND 211 WIRELESS 911 SURCHARGE									
211-3537-421.38-13 REPAIRS & MTCE. SERVICES / EQUIPMENT-TELEPHONE							continued		
						ACCOUNT TOTAL	1,000.00	.00	1,000.00
						FUND TOTAL	335,100.42	92.46	335,007.96
						GRAND TOTAL	335,100.42	92.46	335,007.96

less: IFT <312,500.00>

TOTAL $ 22,507.96