

Research Corp University of HI  
1601 East West Road, Burns Hall, 4th Floor  
Honolulu, HI 96848

1

Pay Group: SAL-Salaried Employees  
Pay Begin Date: 09/01/2026  
Pay End Date: 09/15/2026

2

Business Unit: STDBU  
Advice #: 9999999  
Advice Date: 09/22/2026

Sample Employee  
2500 Campus Road  
Honolulu, HI 96822

3

Employee ID: 123456  
Department: 4501234-02-Project Name  
Location: RCUH  
Job Title: Technician  
Pay Rate: \$4,000.00 Monthly

4

| TAX DATA:         | Federal | HI State |
|-------------------|---------|----------|
| Tax Status:       | Single  | Single   |
| Allowances:       | 0       | 0        |
| Addl. Amount:     |         | N/A      |
| Dependent Amount: |         | N/A      |
| Other Income:     |         | N/A      |
| Deductions:       |         | N/A      |

5

#### HOURS AND EARNINGS

#### TAXES

| Description                  | Rate | Current Hours | Earnings | Hours | YTD Earnings |
|------------------------------|------|---------------|----------|-------|--------------|
| Regular                      |      |               |          |       |              |
| Holiday Pay                  |      |               |          |       |              |
| Overtime (1.5x)              |      |               |          |       |              |
| Qualified Overtime OBBB Memo |      |               |          |       |              |

6

| Description                    | Current | YTD |
|--------------------------------|---------|-----|
| Fed Withholding                |         |     |
| Fed FICA Med Hospital Ins / EE |         |     |
| Fed OASDI/Disability – EE      |         |     |
| HI Withholding                 |         |     |

7

TOTAL:

TOTAL:

#### BEFORE-TAX DEDUCTIONS

#### AFTER-TAX DEDUCTIONS

#### EMPLOYER PAID BENEFITS

| Description               | Current | YTD |
|---------------------------|---------|-----|
| HMSA Med/Vis/Drug Pre Tax |         |     |
| HDS Pre Tax               |         |     |
| SRA Traditional           |         |     |
| Bus Pass Spending Account |         |     |
| Medical Expense           |         |     |
| Reimbursement             |         |     |
| Dependent Expense         |         |     |
| Reimbursement             |         |     |
| Parking Reimbursement     |         |     |

8

| Description          | Current | YTD |
|----------------------|---------|-----|
| HMSA Med/Vis/Drug DP |         |     |
| HDS DP               |         |     |
| SRA Roth             |         |     |

9

| Description                   | Current | YTD |
|-------------------------------|---------|-----|
| Group Life                    |         |     |
| Imputed Income*               |         |     |
| Long Term Disability          |         |     |
| Workers' Comp Insurance       |         |     |
| FSA Employer Expense          |         |     |
| Group Retirement Annuity      |         |     |
| Hawaii State Unemployment Tax |         |     |
| HMSA Med/Vis/Drug Pre Tax     |         |     |
| HDS Pre Tax                   |         |     |
| HMSA Med/Vis/Drug DP          |         |     |
| HMSA Med/Vis/Drug DP*         |         |     |
| HDS DP                        |         |     |
| HDS DP*                       |         |     |

10

TOTAL:

TOTAL:

\*TAXABLE

#### TOTAL GROSS

#### FED TAXABLE GROSS

#### TOTAL TAXES

#### TOTAL DEDUCTIONS

#### NET PAY

|         |          |          |        |        |        |
|---------|----------|----------|--------|--------|--------|
| Current | 2,000.00 | 0,000.00 | 000.00 | 000.00 | 000.00 |
| YTD     | 4,000.00 | 0,000.00 | 000.00 | 000.00 | 000.00 |

11

| VAC HOURS     | YTD   | SICK HOURS    | YTD    |
|---------------|-------|---------------|--------|
| Start Balance | 40.00 | Start Balance | 350.00 |
| + Earned      | 7.00  | + Earned      | 7.00   |
| - Taken       | 0.0   | - Taken       | 0.0    |
| + Adjustments | 0.0   | + Adjustments | 0.0    |
| End Balance   | 47.00 | End Balance   | 357.00 |
| LEAVE PLAN:   | VAC_A | LEAVE PLAN:   | VAC_A  |

12

#### NET PAY DISTRIBUTION

|                 | Account Type | Account Number | Deposit Amount |
|-----------------|--------------|----------------|----------------|
| Advice #9999999 | Checking     | 9999999999     | \$2,000.00     |

13

TOTAL:

2,000.00