AGENDA
CITY COUNCIL
FEBRUARY 16, 2016

NOTICE:

FEBRUARY 16, 2016

5:00-6:30 P.M. - INSURANCE & RISK MANAGEMENT MEETING
6:30-7:00 P.M.- LEGAL & LEGISLATIVE COMMITTEE MEETING

TOWNSHIP MEETING
FEBRUARY 16, 2016

1. PRAYER-
2. PLEDGE OF ALLEGIANCE-BOY SCOUT TROOP # 1046
3. ROLL CALL
4. TOWNBOARD MINUTES- FEBRUARY 2, 2016
5. PRESENTATION OF COMMUNICATIONS:
6. FINANCE: RON SIMPSON, CHAIRMAN
    A. BILL LIST- FEBRUARY 16, 2016

CITY COUNCIL MEETING
FEBRUARY 16, 2016

1. ROLL CALL
2. CITY COUNCIL MINUTES- FEBRUARY 2, 2016
3. PRESENTATION OF COMMUNICATION
    1. COOLIDGE JR HIGH BAND 5K-JUNE 4, 2016
4. REMARKS BY MAYOR
5. REPORT OF STANDING COMMITTEES:

DOWNTOWN: NIKKI PETRILLO, CHAIRMAN (CITY HALL & BUILDINGS)

A.

PLANNING/ZONING, ANNEXATIONS, ENGINEERING AND INSPECTIONS: DAN MCDOWELL, CHAIRMAN

A. BUILDING & ZONING MONTHLY REPORT-JANUARY 2016
B. HARC AGENDA-FEBRUARY 23, 2016

LEGAL AND LEGISLATIVE: BOB PICKERELL, CHAIRMAN (CABLE TV, ORDINANCE)

A. ORDINANCE TO AMEND GRANITE CITY MUNICIPAL CODE SECTION 9.96.070 CONCERNING THE DISCHARGE OF FIREARMS

PUBLIC WORKS: DON THOMPSON, CHAIRMAN: (STREET AND ALLEY-SANITATION-INSPECTION-TRAFFIC & LIGHTS)

A. ORDINANCE ESTABLISHING ONE HANDICAPPED PARKING SPACE FOR TWO YEARS AT 817 24TH STREET, WITHIN THE CITY OF GRANITE CITY, ILLINOIS

B. ORDINANCE REMOVING AND REPEALING ORDINANCE 7575, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT 2217 GRAND AVE

C. MEMO-JUNEAU-2016 MFT ADA RAMPS MARYVILLE RD AND 24TH & HENRY BID NOTICES

POLICE COMMITTEE: TIM ELLIOTT, CHAIRMAN

A. MEMO-BOARD OF FIRE AND POLICE COMMISSIONERS-HIRING-BRANDON SHELLENBERG

FIRE: WALMER SCHMIDTKE, CHAIRMAN

A. FIRE DEPT MONTHLY REPORT-JANUARY 2016

WASTEWATER TREATMENT: BILL DAVIS, CHAIRMAN

A.

INSURANCE AND SAFETY: GERALD WILLIAMS, CHAIRMAN

A. PENDING LITIGATION

ECONOMIC DEVELOPMENT & NEGOTIATIONS: PAUL JACKSTADT, CHAIRMAN

A.

FINANCE: RON SIMPSON, CHAIRMAN

A. PAYROLL-02/15/2016

Report of Officers
Unfinished Business
New Business

ADJOURNMENT

CITY COUNCIL
MINUTES
FEBRUARY 2, 2016

Mayor Ed Hagnauer called the regular meeting to order of the city council at 7:06 p.m.

ATTENDANCE ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell, Elliott, Clerk Whitaker and Mayor Hagnauer were present. Petrillo was absent.

MOTION By Williams, second by Pickerell to approve the City Council Minutes from January 19, 2016. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Jackstadt to invoke the Omnibus Rule and group Items A, B, and C (under Planning/Zoning) in one motion.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By McDowell, second by Simpson to approve the Resolutions for demolition or repair at 1701 Edison, 2568 Grand and 2728 Buxton.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Thompson, second by Davis to place on file the Public Works Committee Meeting Minutes from January 5, 2016. ALL VOTED YES. Motion carried.

MOTION By Elliott, second by McDowell to invoke the Omnibus Rule and include items A & B (Under Police Committee) together and they are the Monthly Reports for November and December for the Police Department.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Elliott, second by McDowell to approve the Monthly Reports for November and December for the Police Department.

MOTION By Elliott, second by McDowell to place on file Police Committee Minutes from January 19, 2016. ALL VOTED YES. Motion carried.

MOTION By Elliott, second by Thompson to place on file and keep closed for six months the Closed Police Committee Minutes from January 19, 2016. ALL VOTED YES. Motion carried.

MOTION By Schmidtke, second by Pickerell to place on file the Fire & Water Committee Minutes for January 19, 2016. ALL VOTED YES. Motion carried.

MOTION By Schmidtke, second by Simpson to approve the hiring of Probationary Firefighter/Paramedic Ryan Staicoff effective January 28, 2016.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Davis, second by Thompson to place on file the Wastewater Treatment Committee Minutes For January 19, 2016. ALL VOTED YES. Motion carried.

MOTION By Williams, second by Pickerell to place on file the Insurance Committee Meeting Minutes from January 19, 2016 and for the Closed Minutes to remain closed for six months. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by Elliott to approve a Resolution authorizing the Office of the Treasurer to compromise and release claim/liens of the City, regarding a delinquent sewer bill and grass cutting for 2012 Twelfth St.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Jackstadt, second by McDowell to place on file the Economic Development Committee Minutes from January 19, 2016. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by McDowell to approve the Bill List for January 2016 in the amount of $3,827,155.90.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Elliott to approve the Payroll for the period ending in the amount of $644,633.58.

ROLL CALL: McDowell, Davis, Thompson, Schmidtke, Simpson, Jackstadt, Williams, Pickerell and Elliott. ALL VOTED YES. Motion carried.

MOTION By Simpson, second by Jackstadt to place on file the Finance Committee Minutes for January 19, 2016. ALL VOTED YES. Motion carried.

MOTION by Thompson, second by Schmidtke to adjourn the City Council Meeting at 7:22 p.m. Motion carried.

MEETING ADJOURNED

ATTEST
JUDY WHITAKER
CITY CLERK

Judy Whitaker

From: Charles Noud [charles.noud@gcsd9.net]
Sent: Monday, February 01, 2016 2:19 PM
To: Judy Whitaker
Subject: Request for Street Use
Attachments: 5kroute.png

JUDY J. WHITAKER
RECEIVED
FEB 1 - 2016
CITY CLERK'S OFFICE
GRANITE CITY, IL

Mrs. Whitaker,

My name is Chuck Noud. I am the band director at Coolidge Jr. High School. I would like to request permission to host a 5K on June 4, 2016. I have attached the proposed route. Please advise on what else you would need from me in terms of paperwork, insurance information, and the like.

Best regards,

Chuck

I think there are only three things America will be known for 2,000 years from now when they study this civilization: the Constitution, jazz music, and baseball. - Gerald Early

Chuck Noud
Band Director
Coolidge Junior High School
3231 Nameoki Rd.
Granite City, IL 62040
(618)767-6683

1st Mile

2nd Mile

3rd Mile

City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

MONTHLY REPORT TO CITY COUNCIL

BUILDING & ZONING DEPARTMENT

JUDY J. WHITAKER
RECEIVED
FEB 3 - 2015
CITY CLERK'S OFFICE
GRANITE CITY, IL

JANUARY 2016 REPORT

The Building & Zoning Department no longer issues free permits for charities; tax exempt organizations or governing bodies. The number of permits sold will not necessarily reflect the number of inspections required.

JANUARY 2016			Permits
Building Permits	80	$	2,753.00
Electrical Permits	70	$	3,800.00
Mechanical Permits	53	$	2,810.00
Plumbing Permits	40	$	3,980.00
Occupancy Permits	113	$	3,275.00
Fence Permits	0	$	-
Sewer Permits	7	$	450.00
Razing Permits DEMO	0	$	-
Excavating Permits	5	$	300.00
SIGN Permits	1	$	246.00
HARC	0	$	-
Planing & Zoning	2	$	385.20
Board of Appeals	1	$	78.44
Graphic Review	1	$	130.84
Plan Review	0	$	-
Finger Print Processing	14	$	676.50
Oversize Load	0	$	-
(Stationary Eng. Renewals)	1	$	10.00
Misc.	1	$	50.00
TOTALS	389	$	18,944.98

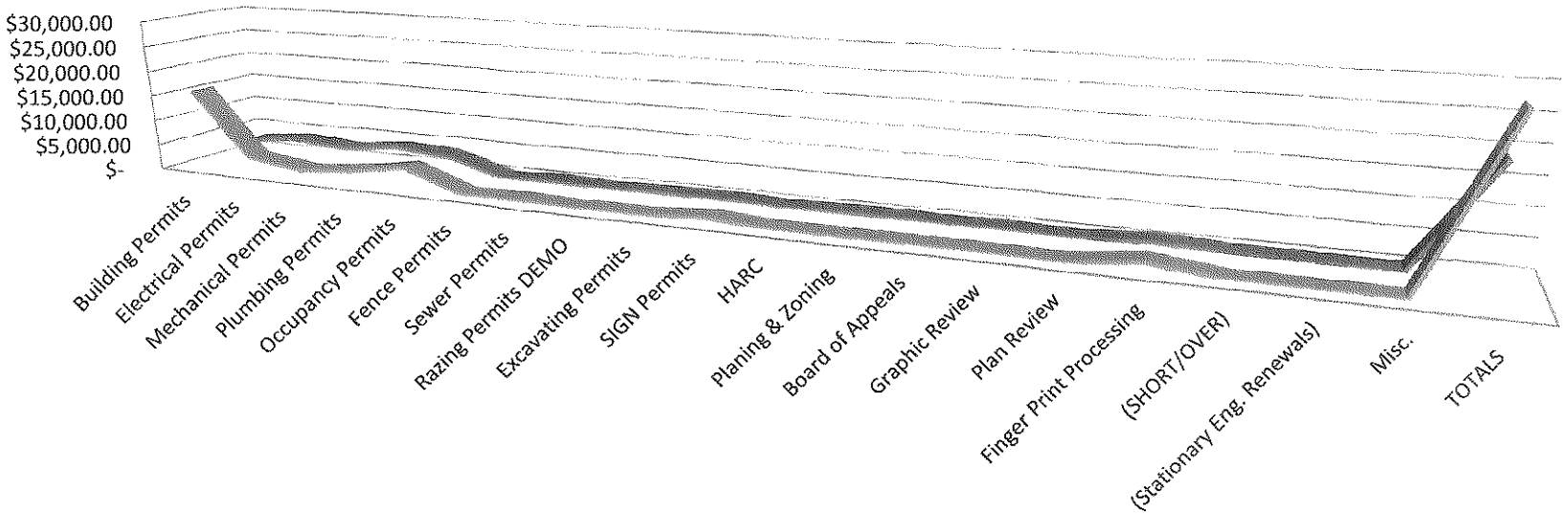
APPROX. CONSTRUCTION VALUE BASED ON

BUILDING PERMITS ISSUED THIS MONTH	$	223,633.00

We Charge a fee for owner occupied, new home sales and temporary utility permits. The number of permits will not reflect the number of trips needed to ensure compliance.

Submitted - FEBRUARY 3, 2016
Sheila Nordstrom, Secretary
Building & Zoning Dept.

January 2015 & 2016



	Building Permits	Electrical Permits	Mechanical Permits	Plumbing Permits	Occupancy Permits	Fence Permits	Sewer Permits	Razing Permits DEMO	Excavating Permits	SIGN Permits	HARC	Planing & Zoning	Board of Appeals	Graphic Review	Plan Review	Finger Print Processing	(SHORT/OVER)	(Stationary Eng. Renewals)	Misc.	TOTALS
2015	$15,578.00	$2,955.00	$1,478.00	$2,306.00	$4,100.00	$120.00	$250.00	$-	$-	$800.00	$60.00	$191.15	$76.40	$-	$-	$1,480.00	$-	$10.00	$-	$29,404.55
2016	$2,753.00	$3,800.00	$2,810.00	$3,980.00	$3,275.00	$-	$450.00	$-	$300.00	$246.00	$-	$385.20	$78.44	$130.84	$-	$676.50	$-	$10.00	$50.00	$18,944.98

City of Granite City

Inspection Department 2000 Edison, Ground Floor Granite City, IL 62040 Phone:(618) 452-6218 Fax:(618) 452-6246

FEB 9 - 2016
CITY CLERK'S OFFICE
GRANITE CITY, IL

Historical & Architectural Review Commission
Agenda
February 23, 2016

A meeting of the Historical & Architectural Review Commission will be held on Tuesday, February 23, 2016 at 5:30 PM, in the second floor Council Chambers, City Hall Building, 2000 Edison Avenue, Granite City, Illinois.

1). Call to Order

2). Roll Call

3). Approval of Minutes & this evening's Agenda

4). PETITIONER: (1) **Brenda Whitaker**
1400 Niedringhaus
Parcel ID: 22-2-20-19-05-101-027.TOO
Request approval to establish A Novel Idea-Bookstore & More in a district zoned D-1 Arts and Entertainment sub-district

PETITIONER: (2) **Michael Dixon**
1736 Grand
Parcel ID: 22-2-19-24-12-203-005
Request approval to establish Mini Storage Units in a district zoned D-3 Industrial

5). New Business

6). Unfinished Business

7). Adjournment

Copies: Mayor & City Council

AN ORDINANCE TO AMEND GRANITE CITY MUNICIPAL CODE SECTION 9.96.070, CONCERNING THE DISCHARGE OF FIREARMS

WHEREAS, the City of Granite City is home rule unit pursuant to Article 7, Section 6, of the Illinois State Constitution of 1970; and

WHEREAS, the City of Granite City generally prohibits the discharge of firearms within the corporate limits of the City of Granite City, except where a citizen discharges a firearm lawfully defending his person or property, or in the case of an officer of the law; and

WHEREAS, the Granite City City Council hereby finds certain fundraising, charitable events, commonly known as "turkey shoots" or "meat shoots", are a popular means of raising funds for philanthropic causes, and that such fundraisers involve the discharge of full choke shotguns using ammunition of limited range; and

WHEREAS, the Granite City City Council hereby finds that the discharge of such ammunition within the corporate limits of the City of Granite City, where confined to "turkey shoots" or "meat shoots", will serve a lawful public purpose where said special shotgun events are carefully regulated to promote the public safety.

NOW, THEREFORE, be it ordained by the City Council of the City of Granite City, Madison County, Illinois, that Section 9.96.070 of the Granite City Municipal Code is hereby amended to read as follows:

1.) 9.96.070 Discharge of firearms.

A. It is unlawful to discharge any firearm or air gun in the City; provided, that this section shall not be construed to prohibit any officer of the law from discharging a firearm in the performance of his duty, nor to any citizen to discharge a firearm when lawfully defending his person or property.

B. The discharge of firearms within the corporate limits of the City of Granite City, is generally prohibited. However, there shall be an exception to this prohibition,

as stated in this Section 9.96.070 below, for special shotgun events that conform strictly to all requirements listed below in this Section. As used in this Section, "special shotgun event" shall mean an event involving the discharge of solely full-length, full choke shotguns, and no other firearms or air guns. Further, special shotgun events shall conform to all the following requirements.

1. A special shotgun event shall take place solely on Sundays, between the hours of 12:00PM and conclude at least one half (1/2) hour before sunset, between the dates of September 1 and November 30;
2. A special shotgun event shall take place entirely upon on a tract of real estate no smaller than ten (10) contiguous acres owned or exclusively controlled by, a holder of a permit for a special shotgun event, issued by the Office of the City Clerk;
3. The firing line, or location where shotguns are discharged, must be located at least one thousand (1,000) feet from the nearest residential structure or residential building;
4. The permit holder must designate a permanent structure with a permanent hard floor surface, as the firing line, where all shotguns will be discharged;
5. Only one (1) target shall be exposed for any shooter at any one (1) time, and said target shall be a maximum of twenty-five (25) yards from the firing line;
6. Shotguns shall not be discharged at any location except within the permanent structure clearly designated as the firing line under this Ordinance;

7. The target shall be placed in front of a backstop at least eight (8) feet tall, twelve (12) feet wide, and four (4) feet deep, said backstop reinforced with plywood or similar material at least three quarters (3/4) of an inch think;

8. The target backstop shall have walls on each side, extending toward the firing line at least fifteen (15) feet from the target backstop edges, eight (8) feet high, and made of material at least as durable as half-inch (1/2) thick plywood;

9. Behind the firing line, there must be a brick wall or similar permanent, impermeable structure, a maximum of fifteen (15) feet from the firing line and at least fifty (50) feet wide by twelve (12) feet high;

10. No permit under this Section shall issue unless and until the permit applicant produces sufficient proof of a comprehensive general liability insurance coverage for the special shotgun event, with a deductible of no greater than $10,000.00, and a minimum amount of insurance coverage of at least $1,000,000.00;

11. The City of Granite City shall be named as an additional insured on that insurance coverage, throughout the special shotgun event;

12. At least three (3) designated safety personnel shall be onsite and controlling the special shotgun event throughout the said special event, and any shotgun discharged at any special shotgun event shall be loaded solely by said designated safety personnel;

13. No special shotgun event shall be conducted or hosted, during rainfall, snowfall, or other precipitation event;

14. No permit shall issue for a special shotgun event, and no permit shall be valid, beyond the calendar year in which the permit is issued by the City Clerk;

15. The permit holder shall be the sole supplier of all ammunition used at the special shotgun event, and said ammunition shall be limited to "H shot", using steel pellets, and designed for a maximum range of seventy-five (75) yards.

16. Only one shotgun at a time shall be discharged.

C. The City Clerk shall charge a fee of $100.00 for each permit application, before issuing any permit for a special shotgun event under this Section. One fee per year shall be charged, regardless of the number of Sunday special events hosted or conducted by the permit holder.

D. No alcoholic beverages of any kind shall be allowed by the permit holder in or around the special shotgun event. In the event the special shotgun event permit holder also lawfully holds a liquor license, throughout any special shotgun event, all alcoholic beverages must be kept indoors.

E. Violation of any provision of this Section may result in a fine against the permit holder under Section 9.96.280 of the Municipal Code of the City of Granite City, revocation of a special shotgun event permit, and nonrenewal of a permit. Violation may further result in the suspension, revocation, or nonrenewal of any liquor license issued to the permit holder, in the discretion of the Liquor Commissioner.

2.) Subsections B), C), D), and E) of this Ordinance shall sunset and lapse and be of no further force of effect, one (1) year from the date of passage. This Ordinance may be published in pamphlet form by the Office of the City Clerk. This Ordinance shall take effect upon passage.

Passed this 16th day of February, 2016.

APPROVED:

_____ _____

Mayor Date

ATTEST:

_____ _____

City Clerk Date

85629

APPLICATION FOR PERMIT TO CONDUCT AND HOST A SPECIAL SHOTGUN EVENT, WITHIN THE CORPORATE LIMITS OF THE CITY OF GRANITE CITY, BETWEEN THE DATES OF SEPTEMBER 1 AND NOVEMBER 30

1. Full name and address of applicant seeking permit:

2. Does the permit applicant own the location of the special shotgun event, or otherwise have exclusive possession and control of that location?

   Attached documentation such as copy of a recorded title deed or lease signed by owner.

3. State the location, including complete physical address, of the location of the proposed special shotgun event, within Granite City, IL.

4. Does the applicant seeking this permit own, or have exclusive control of, at least 10 contiguous acres of land, at the location of the special shotgun event?

   Attach documentation such as a County plat map or other aerial map showing the acreage surrounding the special event. Provide the dimensions of the property lot lines.

5. Have you constructed a permanent structure that will serve as your firing line, where the shotgun will be discharged, if your permit is granted? Attach photographs or similar documentation, exhibiting the pavilion, dock, or railing, and the permanent hard floor surface, constituting your firing line.

6. Is there a residential structure or residential building located within 1,000 feet of the permanent structure that will serve as your firing line?

   Attach an aerial map or similar documentation to show a 1000 foot radius free of all residences around the designated firing line, where the shotgun will be discharged at your special event.

7. Does your target backstop consist of bales at least 8' tall x 12' wide x 4' deep, and reinforced with plywood at least ¾" thick?

8. Measured from the target backstop, does your shooting range have walls on each side of the target backstop, extending toward the firing line at least 15 feet from the target backstop edges, with walls 8 feet high and made of material at least as durable as ½" thick plywood?

9. Is the distance from the firing line to the target a maximum of 25 yards?

10. Is your firing line backed by a brick wall or similar permanent, impermeable structure, a maximum of 15 feet behind the firing line, and at least 50' wide x 12' high? Attach photographs or similar documentation.

11. Does the applicant seeking this permit have comprehensive general liability insurance coverage, with a deductible of less than $10,000 and a minimum amount of insurance coverage of at least 1 million dollars, covering the proposed special event, and naming the City of Granite City as an additional insured? Attach a current accord insurance certificate or similar documentation, valid through the dates of your planned special shotgun event.

12. List the names and addresses of the designated safety personnel that shall be onsite and loading the shotguns the entire time of the special shotgun event. At least three listed individuals are required to be on the shooting range throughout any day of a special shotgun event.

I verify that all statements above in this application for permit to conduct a special shotgun event are true and correct, to the best of my information and belief.

_____
Signature

_____

_____

_____
Print Name and Address

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary Public

85629

ORDINANCE NO. _____
AN ORDINANCE ESTABLISHING ONE HANDICAPPED PARKING SPACE FOR TWO YEARS AT 817 24th STREET, WITHIN THE CITY OF GRANITE CITY, ILLINOIS

WHEREAS Sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS it is the recommendation of a Committee of the City Council that certain handicapped spaces be designated by the City Council,

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF GRANITE CITY, MADISON COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: There is hereby designated one handicapped parking space at **817 24th Street**, within the City of Granite City, Illinois, per Granite City Municipal Code Sections 10.34.190 and 10.34.195, as now or as hereafter amended. It is hereby declared unlawful to park any motor vehicle in said handicapped parking space, which is not bearing registration plates or decals issued by a Secretary of State designating the vehicle is operated by or for a handicapped or disabled person.

SECTION 2: The Public Works Department for the City of Granite City shall clearly mark and identify the said handicapped parking space by erecting and maintaining one or more disabled parking signs, in a form approved by the Department of Transportation, at said handicapped parking space designating said parking restriction.

SECTION 3: It shall hereby be illegal for any person, firm, corporation, agent, association, or employee to park any motor vehicle at any time in violation of the reservation and restriction created herein. Any person, firm, corporation, agent, association, or employee who violates any provision of this ordinance shall be subject to a fine as provided by Section 10.34.200 of the Municipal Code, as now or as hereafter amended. A separate offense shall be deemed committed

on each day during or on which a violation occurs or continues.

SECTION 4: The terms of any ordinances or provisions thereof in conflict herewith are hereby repealed.

SECTION 5: This Ordinance shall be in full force and effect from and after its passage and approval. This Ordinance shall sunset and expire without further action by the Granite City City Council, and be without force or effect, beginning February 16, 2018. This Ordinance may be published in pamphlet form by the City Clerk.

PASSED by the City Council of the City of Granite City, Illinois, this 16th day of February, 2016.

APPROVED:

_____

Edward Hagnauer, Mayor

ATTEST:

_____

Judy Whitaker, City Clerk

69542.12

ORDINANCE NO._____

AN ORDINANCE REMOVING AND REPEALING ORDINANCE 7575, AND ITS DESIGNATION OF A HANDICAP PARKING SPACE AT 2217 GRAND AVENUE

WHEREAS, the City of Granite City is a home rule unit pursuant to Article VII, section 6, of the Illinois Constitution of 1970; and

WHEREAS, sections 10.34.190 through 10.34.200 of the Granite City Municipal Code provide for the establishment of vehicular parking spaces reserved for the use of physically handicapped persons or disabled veterans; and

WHEREAS, it has been determined that the designation of a handicapped parking space, located at **2217 Grand Avenue**, Granite City, Illinois, is no longer necessary.

Now, therefore, it is hereby ordained and decreed that Ordinance 7575 (adopted February 5, 2002) designating a vehicle parking space located at **2217 Grand Avenue** and reserving a space for the use of handicapped or disabled drivers, is hereby repealed. The Department of Public Works is further hereby directed to remove from **2217 Grand Avenue** any and all vehicle parking signs reserving any vehicular spaces for handicapped or disabled parking.

Any and all Ordinances and resolutions inconsistent with this Ordinance, including Ordinance 7575, are hereby repealed. This Ordinance shall take effect upon passage, and may be published in pamphlet form by the Office of the City Clerk.

APPROVED this 16th day of February, 2016.

_____

MAYOR Edward Hagnauer

ATTEST:_____

Judy Whitaker, CITY CLERK

59297.10

JUNEAU
ENGINEERING & LAND SURVEYING

2100 State Street
P.O. Box 1325
Granite City, IL 62040
618-877-1400 • F. 618-452-5541

100 N. Research Dr.
Edwardsville, IL 62025
618-659-0900 • F. 618-659-0941

330 N. Fourth Street, Suite 200
St. Louis, MO 63102
314-241-4444 • F. 314-909-1331

February 3, 2016
Job No. 160200B

Memorandum
2016 MFT ADA RAMPS
Maryville Road and 24th & Henry
Bid Notice

FEB 11, 2016
CITY CLERK'S OFFICE
GRANITE CITY, IL

To: Mayor & City Council

From: Steve Osborn

Subject: 2016 MFT ADA Ramps
Maryville Road and 24th & Henry
Bid Notice

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1) As requested, we have prepared plans and specifications for the 2016 Granite City MFT ADA Ramps –Program for Maryville Rd and 24th & Henry, to be bid on Tuesday, February 16, 2016 at 10:00 AM.

2) We will present bid tabulations and a memo of award recommendation at the February 16, 2016 Council Meeting for the City's review and approval.

3) We request this be placed on the Council Agenda.

City of Granite City

GRANITE CITY, ILLINOIS

COMMISSIONERS
LOREN H. DAVIS, Chairman
JOHN L. MILLER, Secretary
JAMES L. HOLLAND, Member

Board of Fire and Police Commissioners

MAYOR
ED HAGNAUER

Feb. 9 2016

MEMO

To: Mayor Ed Hagnauer
Members of City Council

From: John L. Miller, Secretary

Subject: Police Department Hiring

Date: February 5, 2016

Due to several recent retirements at the Police Department we have completed the testing process and are hiring as Probationary Patrolman, Brandon Shellenberg. The effective date of his employment is February 17, 2016.

Granite City Fire Department

Departmental Activity Report

Current Period: 01/01/2016 to 01/31/2016, Prior Period: 01/01/2016 to 01/31/2016
00:00 to 24:00
All Stations
All Shifts
All Units
Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

JUDY WHITAKER
2/9/2016
CITY CLERK'S OFFICE

Category	Current Period Count	Current Period Staff Hrs	Prior Period Count	Prior Period Staff Hrs
Fire Alarm Situations				
Attempted burning, illegal action	1	03:36	1	03:36
Chemical release, reaction, or toxic	3	02:41	3	02:41
Citizen complaint	1	00:50	1	00:50
Combustible/flammable spills & leaks	1	02:30	1	02:30
Dispatched and cancelled en route	21	56:32	21	56:32
Electrical wiring/equipment problem	2	05:44	2	05:44
Emergency medical service (EMS) Incident	1	00:24	1	00:24
False alarm and false call, Other	7	08:26	7	08:26
Fire, Other	1	14:00	1	14:00
Good intent call, Other	12	20:01	12	20:01
Hazardous condition, Other	2	07:02	2	07:02
Medical assist	95	105:31	95	105:31
Mobile property (vehicle) fire	2	02:31	2	02:31
Outside rubbish fire	5	06:05	5	06:05
Person in distress	1	02:00	1	02:00
Public service assistance	2	01:09	2	01:09
Rescue, emergency medical call (EMS),	6	13:41	6	13:41
Service call, Other	1	00:20	1	00:20
Smoke, odor problem	3	13:30	3	13:30
Special outside fire	1	00:14	1	00:14
Special type of incident, other	2	03:52	2	03:52
Steam, Other gas mistaken for smoke	1	01:55	1	01:55
Structure Fire	1	57:08	1	57:08
System or detector malfunction	4	04:47	4	04:47
Unintentional system/detector operation	4	234:10	4	234:10
	180	568:46	180	568:46
Training				
Administrative Procedures	4	04:00	4	04:00
ALS ASSISTANCE	8	08:00	8	08:00
APPARATUS TRAINING	17	24:00	17	24:00
AUTO EXTRICATION	8	06:00	8	06:00
basic eng. co. officer	3	02:29	3	02:29
blitz attack suppression	2	02:00	2	02:00
Building Construction and Fire Behavior	2	02:00	2	02:00
COMPUTER F.D. REPORT TRAINING	20	18:30	20	18:30

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

Departmental Activity Report

Current Period: 01/01/2016 to 01/31/2016, Prior Period: 01/01/2016 to 01/31/2016
00:00 to 24:00
All Stations
All Shifts
All Units
Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period Count	Current Period Staff Hrs	Prior Period Count	Prior Period Staff Hrs
Training				
CONFINED SPACE RESCUE	3	00:59	3	00:59
EMS PROTOCOL &TEXT	20	237:00	20	237:00
Fire Academy	2	165:00	2	165:00
Fire Apparatus Engineer	20	60:00	20	60:00
Fire Behavior	8	12:00	8	12:00
Fire Control, General	3	03:00	3	03:00
FIRE GROUND CRITIQUE	2	02:00	2	02:00
FIRE ORIENTATION	3	09:00	3	09:00
FIRE SAFETY VEHICLE OPERATIONS	3	02:30	3	02:30
General Building Construction	2	02:00	2	02:00
General Driver Training	2	03:00	2	03:00
HURST TOOL	3	01:30	3	01:30
INTERIOR ATTACK & RESCUE OPERATIONS	7	08:45	7	08:45
KILL THE FLASHOVER	2	16:00	2	16:00
MAINTENANCE	3	06:00	3	06:00
National Incident Management System	1	01:30	1	01:30
Nozzle Practices	6	09:00	6	09:00
Officers Training	1	01:00	1	01:00
Pediatric Education for Prehospital	1	02:00	1	02:00
PHYSICAL TRAINING	28	27:55	28	27:55
pre fire planning class	7	14:00	7	14:00
REPORT WRITING	7	01:45	7	01:45
RESCUE	9	09:00	9	09:00
Rescue Equipment	12	24:00	12	24:00
RESIDENTIAL FIRE GROUND OPERATIONS	2	02:00	2	02:00
ROPES & KNOTS	4	06:00	4	06:00
safety	8	07:00	8	07:00
SCBA Donning Methods	2	01:00	2	01:00
SMALL TOOLS & EQUIP	11	09:00	11	09:00
SPRINKLER SYSTEMS	2	02:00	2	02:00
STANDARD OPERATING GUIDELINES	61	57:45	61	57:45
Strategic and Tactical Operations	14	01:30	14	01:30
STREETS	29	39:00	29	39:00
TOUR OF A FACILITY	15	15:00	15	15:00
Vehicle and Machinery Operations	9	12:30	9	12:30
vehicle stabilization	10	20:00	10	20:00

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

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Category	Current Period Count	Current Period Staff Hrs	Prior Period Count	Prior Period Staff Hrs
Training				
	386	858:39	386	858:39

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

2300 Madison Ave.. Granite City, IL. 62040

Administered Meds Count From: 01/01/2016 To: 01/31/2016

Mutual Aid Assignments Provided	4	Mutual Aid Assignments Received	0
Abbott Ambulance	4		

Total EMS Assignments Provided			390
4440-02	161	41.3 %	
4443-01	15	3.8 %	
4447-03	214	54.9 %	

No Patient At Scene Assignments			14

Call Volume Day of Week Analysis			390
Monday	48	12.3 %	
Tuesday	61	15.6 %	
Wednesday	52	13.3 %	
Thursday	46	11.8 %	
Friday	63	16.2 %	
Saturday	60	15.4 %	
Sunday	60	15.4 %	

Call Volume by Hour Analysis			390
0	13	3.3 %	
1	13	3.3 %	
2	11	2.8 %	
3	13	3.3 %	
4	8	2.1 %	
5	8	2.1 %	
6	10	2.6 %	
7	9	2.3 %	
8	11	2.8 %	
9	21	5.4 %	
10	19	4.9 %	
11	22	5.6 %	
12	20	5.1 %	
13	33	8.5 %	
14	19	4.9 %	
15	16	4.1 %	
16	25	6.4 %	
17	17	4.4 %	
18	20	5.1 %	
19	9	2.3 %	
20	24	6.2 %	
21	22	5.6 %	
22	16	4.1 %	
23	11	2.8 %	

Miles to Scene Analysis			1
.1 - 5	1	100.0 %	

Miles to Destination Analysis			307
.1 - 5	225	73.3 %	
05 - 10	8	2.6 %	
10 - 15	61	19.9 %	
15 - 20	11	3.6 %	
30 - 40	2	0.7 %	

Miles to Base Analysis			0

Crew Shift Assignments Analysis			390
1	130	33.3 %	
2	120	30.8 %	
3	140	35.9 %	

Responded From Assignments Analysis			390
Hospital	31	7.9 %	
On Street in City	15	3.8 %	
On Street out of City	7	1.8 %	
Station 1	203	52.1 %	
Station 3	134	34.4 %	

District Assignments Analysis			379
Non-Resident	73	19.3 %	
Resident	306	80.7 %	

Location City Analysis			390
GRANITE CITY	385	98.7 %	
MADISON	4	1.0 %	
Pontoon Beach	1	0.3 %	

Location County Analysis			390
Madiosn	1	0.3 %	
MADISON	388	99.5 %	
MADSION	1	0.3 %	

Location Type Analysis			390
Home / Residence	256	65.6 %	
Farm / Ranch	3	0.8 %	
Office / Business / Ind	6	1.5 %	
Street / Highway	26	6.7 %	
Public Building / Area	25	6.4 %	
Residental Institution	12	3.1 %	
Other Specified Location	59	15.1 %	
Education Facility	2	0.5 %	
Not Applicable	1	0.3 %	

EMS Assignments Response Type Analysis			390
911 Response (Scene)	393	100.8 %	

EMS Assignments Response Mode Analysis			390
Initial Lights and Sirens, Downgraded to No Lights or Sirens	3	0.8 %	
No Lights or Sirens	32	8.2 %	
Unknown	358	91.8 %	

EMS Assignments Transport Type Analysis			379
D.O.A.	2	0.5 %	
Not Applicable	1	0.3 %	
Patient Refused Care	68	17.9 %	
Treat/Transfer Care	2	0.5 %	
Treat/Transport	306	80.7 %	

Destination Analysis			379
*No Transport	71	18.7 %	
*Residence	4	1.1 %	
Alton Memorial Hospital Alton	1	0.3 %	
Anderson Hospital Maryville	11	2.9 %	
*Gateway Regional Medical Center	228	60.2 %	
Memorial Hospital Belleville	1	0.3 %	
St. John's Mercy Medical Center	3	0.8 %	
St. Luke's Hospital	1	0.3 %	
Christian Hospital Northeast	2	0.5 %	
John Cochran VA- St. Louis	3	0.8 %	
St. Louis University Hospital - Main	13	3.4 %	
SSM Cardinal Glennon Children's Hospital	17	4.5 %	
St. Louis Children's Hospital	7	1.8 %	
Barnes-Jewish Hospital - South	13	3.4 %	
St. Mary's Hospital	1	0.3 %	
*Granite Nursing & Rehab	1	0.3 %	
The Fountains	1	0.3 %	
*Stearns Nursing & Rehab	1	0.3 %	

Destination Analysis (Trauma)			55
*No Transport	10	18.2 %	
Anderson Hospital Maryville	1	1.8 %	
*Gateway Regional Medical Center	33	60.0 %	
St. John's Mercy Medical Center	2	3.6 %	
St. Louis University Hospital - Main	4	7.3 %	
SSM Cardinal Glennon Children's Hospital	1	1.8 %	
St. Louis Children's Hospital	2	3.6 %	
Barnes-Jewish Hospital - South	2	3.6 %	

Destination Determination Analysis			379
Closest Facility (None Below)	190	50.1 %	
Not Applicable	68	17.9 %	
Patient / Family Choice	84	22.2 %	
Patient physician choice	32	8.4 %	
Managed Care	2	0.5 %	
Medical Control	1	0.3 %	
Other	2	0.5 %	

Insurance Providers Analysis			379
Advantra Coventry	5	1.3 %	
Advantra Coventry PO BOX 8052	1	0.3 %	
Advantra Gold Advantage	1	0.3 %	
Advantra Medicare HMO	1	0.3 %	
Aetna	1	0.3 %	
Aetna Life and Casualty Other	1	0.3 %	
Alliance Choice	1	0.3 %	
Anderson v	1	0.3 %	
Anthem Blue Cross	2	0.5 %	
Bcbc il	1	0.3 %	
Bcbs	2	0.5 %	
BCBS FEP	2	0.5 %	
BCBS IL	6	1.6 %	
BCBS PENNSYLVANIA	1	0.3 %	
Bcbs tennessee	1	0.3 %	
Blue access ppo	1	0.3 %	
Blue Choice HMO	2	0.5 %	
Blue Cross 121	1	0.3 %	
Cigna Other	1	0.3 %	
CMR	2	0.5 %	

COV Gold Advantage	1	0.3 %
Coventry	3	0.8 %
Coventry Health Plan of MO	3	0.8 %
Coventry Healthcare PO BOX 7374	1	0.3 %
Essence	5	1.3 %
ESSENCE HEALTHCARE	4	1.1 %
Exclusive Choice	1	0.3 %
Harmony	1	0.3 %
Harmony health care	2	0.5 %
Harmony Health Plan	10	2.6 %
Harmony healthplan	2	0.5 %
Healthlink Open Access	1	0.3 %
Humana Gold Plus HMO	1	0.3 %
Illinois medicaid	2	0.5 %
MCARE OUTPATIENT	2	0.5 %
Medicaid Illinois	21	5.5 %
Medicare Advantage	1	0.3 %
Medicare Advantage OBS	1	0.3 %
Medicare Advantage UHC	4	1.1 %
Medicare ADVANTAHE UHC	3	0.8 %
Medicare Advntage UHC	1	0.3 %
Medicare Complete	6	1.6 %
Medicare Complete AARP	1	0.3 %
Medicare Complete mutual of omaha	2	0.5 %
Medicare HMO	1	0.3 %
Medicare Mutual Of omaha	1	0.3 %
Medicare Mutual Omaha PO 1602	96	25.3 %
Medicare/Medicare part A	1	0.3 %
Meridan Health Plan	2	0.5 %
Meridian	1	0.3 %
Meridian health pain	1	0.3 %
MerIDIAN HEALTH PLAN	38	10.0 %
Meridian Health Plan of Illinois	1	0.3 %
Meridian healthplan	4	1.1 %
Missouri Medicaid	3	0.8 %
Molina	1	0.3 %
Molina Health care of IL	1	0.3 %
Molina Health care of Illinois	1	0.3 %
MoLINA HEALTHCARE	5	1.3 %
Molina healthcare of il	11	2.9 %
Molina Healthcare of Illinois	2	0.5 %
N/A	4	1.1 %
No Secondary Insurance	1	0.3 %
No Transport	3	0.8 %
null	3	0.8 %
Self Pay	66	17.4 %
State of IL Empl/Healthlink	1	0.3 %
United Healthcare	1	0.3 %
United Healthcare Atlanta	1	0.3 %
United Healthcare Choice	5	1.3 %
United Healthcare Other	1	0.3 %
Unknown	1	0.3 %
Vamd	2	0.5 %
Vamd ctr nonva care 04fjb	1	0.3 %
Vet. affairs	1	0.3 %
WeLLCARE MADICARE HMO	1	0.3 %
Wellcare medicare	1	0.3 %
Wellcare Medicare HMO	2	0.5 %
Worker's Compensation	1	0.3 %

Dispatch Complaint Assignments Analysis 390

Abdominal Pain	12	3.1 %
Assault	1	0.3 %
Assist invalid	6	1.5 %
Back pain (non trauamatic)	5	1.3 %
Breathing problems	52	13.3 %
Burn/Explosions	1	0.3 %
Cardiac/Respiratory arrest	3	0.8 %
Chest pain	30	7.7 %
Choking	2	0.5 %
Convulsions/Seizure	17	4.4 %
Diabetic problems	11	2.8 %
Falls/Back injury (traumatic)	34	8.7 %
Headache	6	1.5 %
Heart Problems	1	0.3 %
Heat/Cold exposure	2	0.5 %
Hemorrhage/Laceration	4	1.0 %
Nature unknown	15	3.8 %
Overdose/Ingestion/Poisoning	12	3.1 %
Pregnancy/Childbirth/Miscarriage	2	0.5 %
Psych/Suicide	8	2.1 %
Sick case	52	13.3 %
Stab/Gunshot wound	2	0.5 %
Stroke(CVA)	6	1.5 %
Traffic accident	18	4.6 %
Transfer/Interfacility/Palliative Care	37	9.5 %
Traumatic injuries	13	3.3 %
Unconscious/Fainting	22	5.6 %

Unknown Problem Man Down	16	4.1 %

Total Number Of Patients 379

Patient Age Analysis

18-35	57	15.0 %
36-65	157	41.4 %
65+	134	35.4 %
Less Than 18	31	8.2 %

Patient Gender Analysis

Female	197	52.0 %
Male	180	47.5 %
Unknown	2	0.5 %

Patient Ethnic Analysis

Asian	2	0.5 %
Black	59	15.6 %
Hispanic	9	2.4 %
Other	2	0.5 %
Unknown	3	0.8 %
White	304	80.2 %

Patient Pre Existing Conditions Analysis 836

abdominal pain	1	0.1 %
A-Fib	16	1.9 %
Acid Reflux / GERD	3	0.4 %
Addiction	1	0.1 %
ADHD	1	0.1 %
ADrenal insufficiency	1	0.1 %
Alcoholism	5	0.6 %
Alzheimers disease	6	0.7 %
Anemia	1	0.1 %
Anemia, pernicious	1	0.1 %
Anemia, sickle cell	1	0.1 %
Angina	1	0.1 %
Anxiety	23	2.8 %
Arthritis, osteo	3	0.4 %
Arthritis, rheumatoid	2	0.2 %
Asthma	27	3.2 %
Back injury	1	0.1 %
Back pain	5	0.6 %
Behavioral / Psych	2	0.2 %
Bi POLAR	1	0.1 %
Bi-polar	16	1.9 %
Bilateral knee replacement	1	0.1 %
Bipolar	1	0.1 %
Blood clot	3	0.4 %
Blood pressure, hypertensive	1	0.1 %
BREATHING PROBLEMS	1	0.1 %
BRONCHITIS	1	0.1 %
C-diff	1	0.1 %
CABG	5	0.6 %
Cancer	10	1.2 %
Cardia bypass	1	0.1 %
Cardiac	53	6.3 %
Cardiac Stents	1	0.1 %
CHF	18	2.2 %
CHolesterol	1	0.1 %
Chronic back pain	1	0.1 %
Chronic back problems	1	0.1 %
Chronic knee and back pain	1	0.1 %
Chronic sciatica pain	1	0.1 %
CIRRHOSIS	1	0.1 %
Colectomy	1	0.1 %
Colon Cancer	1	0.1 %
COPD	48	5.7 %
CVA	19	2.3 %
Defibrillator	1	0.1 %
Dementia	14	1.7 %
Depression	25	3.0 %
Diabetes	11	1.3 %
Diabetes type 1	26	3.1 %
Diabetes type 2	52	6.2 %
Dialysis / Renal Failure	7	0.8 %
Diverticulitis	3	0.4 %
DM	1	0.1 %
Down Syndrome	1	0.1 %
Drug abuse	10	1.2 %
EPILEPSY	3	0.4 %
Fibromyalgia	4	0.5 %
Gall stones	1	0.1 %
Gaves disease	1	0.1 %
GERD	1	0.1 %
Headache, Migraine	1	0.1 %

Heart murmer	1	0.1 %
Hemroids	1	0.1 %
Hepatitis C	3	0.4 %
Hernia	1	0.1 %
Herniated Disk	1	0.1 %
High Cholesterol	3	0.4 %
Hospice	1	0.1 %
Htn	41	4.9 %
Hypercholesterolemia	9	1.1 %
Hyperlipemia	1	0.1 %
Hyperlipidemia	1	0.1 %
Hypertension	82	9.8 %
HypertensionD	1	0.1 %
Hypoglycemia	1	0.1 %
Hypotension	4	0.5 %
Hypothyroidism	3	0.4 %
IDDM	2	0.2 %
infected right foot bones	1	0.1 %
iron deficiency	1	0.1 %
Kidney FAILURE	1	0.1 %
Kidney transplant	1	0.1 %
Langerhans cell histiocytosis	2	0.2 %
Leukemia	1	0.1 %
Liver disease	2	0.2 %
LOW BP	1	0.1 %
LUNG DISEASE	1	0.1 %
Lympedma	1	0.1 %
Meniqitis (bacterial)	1	0.1 %
Mental Retardation	2	0.2 %
MI	19	2.3 %
MI x1	1	0.1 %
Migraines	1	0.1 %
MS	6	0.7 %
Multiple Jaw surgeries	1	0.1 %
Multiple sclorosis	1	0.1 %
Multisubtance abuse	1	0.1 %
Muscular Dystrophy	1	0.1 %
Neuropathy	3	0.4 %
NON-alcoholic liver disease	1	0.1 %
NONE	49	5.9 %
Obesity	1	0.1 %
Osteoarthritis	1	0.1 %
Osteoporosis	3	0.4 %
Ovarian cyst	1	0.1 %
Pacemaker	22	2.6 %
Pacemaker/Defebrillator	2	0.2 %
Pancreatitis	2	0.2 %
Parkinsons	3	0.4 %
PLEURISY	2	0.2 %
Pneumonia	1	0.1 %
Polycystic kidney disease	1	0.1 %
Possible MI	1	0.1 %
Pregnancy	1	0.1 %
Premature Birth	1	0.1 %
Prostate	2	0.2 %
Prostate CANCER	1	0.1 %
PTSD	2	0.2 %
Pulmonary Emboli	1	0.1 %
Pulmonary Fibrosis	1	0.1 %
Pulmonary Hypertension	1	0.1 %
Renal Failure	14	1.7 %
Schizophrenia	7	0.8 %
Seasonal Asthma	1	0.1 %
Seizures	26	3.1 %
Spinal	1	0.1 %
SPINAL FUSION	2	0.2 %
Stents	4	0.5 %
Stintsx2	2	0.2 %
Stroke	3	0.4 %
Syncopal episodes	2	0.2 %
Temporary quadraplegic	1	0.1 %
Thyroid	2	0.2 %
Tia	4	0.5 %
Ulcer	1	0.1 %
Unknown	8	1.0 %
Upper GI bleed	1	0.1 %

Patient Primary Illness Assessment Analysis 258

Abdominal pain/problems	13	5.0 %
Altered level of consciousness	9	3.5 %
Behavioral/psychiatric disorder	8	3.1 %
Cardiac arrest	4	1.6 %
Cardiac rhythm disturbance	2	0.8 %
Chest pain/discomfort	31	12.0 %
Diabetic symptoms	9	3.5 %
Inhalation injury (toxic gas)	1	0.4 %
Poisoning/drug ingestion	5	1.9 %
Pregnancy/OB delivery	2	0.8 %

Respiratory Distress	36	14.0 %
Seizure	12	4.7 %
Stroke/CVA	6	2.3 %
Syncope/fainting	11	4.3 %
Other	109	42.2 %

Patient Primary Trauma Cause Assessment Analysis 51

Blunt/Thrown Object	2	3.9 %
Excessive Cold	1	2.0 %
Falls	28	54.9 %
Firearm Assault	1	2.0 %
Firearm, Self-Inflicted	1	2.0 %
Motor Vehicle Crash	8	15.7 %
Other	6	11.8 %
Pedestrian vs MV	1	2.0 %
Stabbing/Cutting Accidental	2	3.9 %
Unknown	1	2.0 %

Procedures Administered Analysis 1873

Airway - Intubation Confirm CO2	1	0.1 %
Airway position - head-tilt chin-lift	1	0.1 %
Airway-CPAP	1	0.1 %
Airway-Nebulizer Treatment	1	0.1 %
Airway-Orotracheal Intubation	3	0.2 %
Assessment-Adult	314	16.8 %
Assessment-Pediatric	16	0.9 %
Bandage - sterile	6	0.3 %
Blood Glucose Analysis	368	19.6 %
Capnography (CO2 indicator)	12	0.6 %
Capnography (ETCO2 Monitor)	19	1.0 %
Cervical collar application	17	0.9 %
Cleansed wound	1	0.1 %
Cold pack application	5	0.3 %
Contact Medical Control	3	0.2 %
CPR	10	0.5 %
Defibrillation - direct	3	0.2 %
ECG - 12 lead	134	7.2 %
ECG - 4 lead	180	9.6 %
Elevation of limb	1	0.1 %
Endotracheal intubation	2	0.1 %
Intraosseous insertion	3	0.2 %
Intravenous established	175	9.3 %
Intravenous maintained	17	0.9 %
Intravenous Unsuccessful I	48	2.6 %
Irrigation with normal saline	1	0.1 %
LUCAS Chest Compression System!	2	0.1 %
Moved by long spine board	4	0.2 %
Moved by manual lift/carry	32	1.7 %
Moved by rescue seat	2	0.1 %
Moved by stairchair	22	1.2 %
Nasopharyngeal airway insertion	3	0.2 %
Oropharyngeal airway insertion	2	0.1 %
Pain Measurement	7	0.4 %
Patient Loaded	46	2.5 %
Patient Monitoring of Pre-existing Devices, Equipm	1	0.1 %
Patient Off-Loaded	40	2.1 %
Position Pt - high-fowlers	1	0.1 %
Position Pt - modified trendelenberg	1	0.1 %
Position Pt - semi-fowlers	5	0.3 %
Pulse Oximetry	119	6.4 %
Restraint - physical	1	0.1 %
Rewarm - blankets	1	0.1 %
Sling	1	0.1 %
Spinal immobilization	5	0.3 %
Splint - extremity	3	0.2 %
Suction - upper airway	4	0.2 %
Temperature Measurement (Tympanic)	20	1.1 %
Transported on stretcher secured with belts	186	9.9 %
Transported secured in personal child seat	4	0.2 %
Transported secured in unit child seat	5	0.3 %
Transported w/belt on captain chair	1	0.1 %
Ventilation assist - BVM	7	0.4 %
Wound Care-General	5	0.3 %
Wound Care-Irrigation	1	0.1 %

Medications Administered Analysis 295

Albuterol	22	7.5 %
Amiodarone	3	1.0 %
Aspirin	27	9.2 %
Atropine sulfate	2	0.7 %
Dexamethasone sodium phosphate (Decadron)	11	3.7 %
Dextrose 50%	5	1.7 %
Epinephrine HCL (1:10,000)	7	2.4 %
Etomidate	1	0.3 %
Furosemide (Lasix)	1	0.3 %
Glucagon	2	0.7 %
Insta Glucose	3	1.0 %
Intravenous electrolyte solutions Lactated Ringer	2	0.7 %

Intravenous electrolyte solutions Sodium chloride	41	13.9 %
Labetalol	1	0.3 %
Naloxone HCL	4	1.4 %
Nitroglycerin ointment	3	1.0 %
Nitroglycerin spray	30	10.2 %
Nitroglycerin sublingual tablets	1	0.3 %
Normal Saline Lock	16	5.4 %
Ondansetron (zofran)	9	3.1 %
Oxygen	101	34.2 %
Potassium--for interfacility transports only	1	0.3 %
Sodium bicarbonate	1	0.3 %
Vasopressin	1	0.3 %

EMS Assignments Summary

EMS Assignments:		390
Mutual Aid Provided:	4	1.03 %
Mutual Aid Received:	0	0.00%
No Patient At Scene:	14	3.59 %
Patient Care Reports:		379
Illness Related:	258	68.07 %
Trauma Related:	51	13.46 %

Granite City Fire Department

Departmental Activity Report

Current Period: 01/01/2016 to 01/31/2016, Prior Period: 01/01/2016 to 01/31/2016
00:00 to 24:00
All Stations
All Shifts
All Units
Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period Count	Current Period Staff Hrs	Prior Period Count	Prior Period Staff Hrs
Fire Alarm Situations				
Attempted burning, illegal action	1	03:36	1	03:36
Chemical release, reaction, or toxic	3	02:41	3	02:41
Citizen complaint	1	00:50	1	00:50
Combustible/flammable spills & leaks	1	02:30	1	02:30
Dispatched and cancelled en route	21	56:32	21	56:32
Electrical wiring/equipment problem	2	05:44	2	05:44
Emergency medical service (EMS) Incident	1	00:24	1	00:24
False alarm and false call, Other	7	08:26	7	08:26
Fire, Other	1	14:00	1	14:00
Good intent call, Other	12	20:01	12	20:01
Hazardous condition, Other	2	07:02	2	07:02
Medical assist	95	105:31	95	105:31
Mobile property (vehicle) fire	2	02:31	2	02:31
Outside rubbish fire	5	06:05	5	06:05
Person in distress	1	02:00	1	02:00
Public service assistance	2	01:09	2	01:09
Rescue, emergency medical call (EMS),	6	13:41	6	13:41
Service call, Other	1	00:20	1	00:20
Smoke, odor problem	3	13:30	3	13:30
Special outside fire	1	00:14	1	00:14
Special type of incident, other	2	03:52	2	03:52
Steam, Other gas mistaken for smoke	1	01:55	1	01:55
Structure Fire	1	57:08	1	57:08
System or detector malfunction	4	04:47	4	04:47
Unintentional system/detector operation	4	234:10	4	234:10
	180	568:46	180	568:46
Training				
Administrative Procedures	4	04:00	4	04:00
ALS ASSISTANCE	8	08:00	8	08:00
APPARATUS TRAINING	17	24:00	17	24:00
AUTO EXTRICATION	8	06:00	8	06:00
basic eng. co. officer	3	02:29	3	02:29
blitz attack suppression	2	02:00	2	02:00
Building Construction and Fire Behavior	2	02:00	2	02:00
COMPUTER F.D. REPORT TRAINING	20	18:30	20	18:30

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

Departmental Activity Report

Current Period: 01/01/2016 to 01/31/2016, Prior Period: 01/01/2016 to 01/31/2016
00:00 to 24:00
All Stations
All Shifts
All Units
Fire Alarm Responses, Training Classes, Occupancy Inspections and Activities

Category	Current Period Count	Current Period Staff Hrs	Prior Period Count	Prior Period Staff Hrs
Training				
	386	858:39	386	858:39

* Staff hours for Fire Alarm responses that have an associated EMS alarm record are considered shared hours. Shared hours are posted only with the EMS alarm responses to avoid duplication of staff hours in totals.

Granite City Fire Department

2300 Madison Ave.. Granite City, IL. 62040

Administered Meds Count From: 01/01/2016 To: 01/31/2016

Mutual Aid Assignments Provided	4	**Mutual Aid Assignments Received**	0
Abbott Ambulance	4		

Total EMS Assignments Provided			390
4440-02	161	41.3 %	
4443-01	15	3.8 %	
4447-03	214	54.9 %	

No Patient At Scene Assignments			14

Call Volume Day of Week Analysis			390
Monday	48	12.3 %	
Tuesday	61	15.6 %	
Wednesday	52	13.3 %	
Thursday	46	11.8 %	
Friday	63	16.2 %	
Saturday	60	15.4 %	
Sunday	60	15.4 %	

Call Volume by Hour Analysis			390
0	13	3.3 %	
1	13	3.3 %	
2	11	2.8 %	
3	13	3.3 %	
4	8	2.1 %	
5	8	2.1 %	
6	10	2.6 %	
7	9	2.3 %	
8	11	2.8 %	
9	21	5.4 %	
10	19	4.9 %	
11	22	5.6 %	
12	20	5.1 %	
13	33	8.5 %	
14	19	4.9 %	
15	16	4.1 %	
16	25	6.4 %	
17	17	4.4 %	
18	20	5.1 %	
19	9	2.3 %	
20	24	6.2 %	
21	22	5.6 %	
22	16	4.1 %	
23	11	2.8 %	

Miles to Scene Analysis			1
.1 - 5	1	100.0 %	

Miles to Destination Analysis			307
.1 - 5	225	73.3 %	
05 - 10	8	2.6 %	
10 - 15	61	19.9 %	
15 - 20	11	3.6 %	
30 - 40	2	0.7 %	

Miles to Base Analysis			0

Crew Shift Assignments Analysis			390
1	130	33.3 %	
2	120	30.8 %	
3	140	35.9 %	

Responded From Assignments Analysis			390
Hospital	31	7.9 %	
On Street in City	15	3.8 %	
On Street out of City	7	1.8 %	
Station 1	203	52.1 %	
Station 3	134	34.4 %	

District Assignments Analysis			379
Non-Resident	73	19.3 %	
Resident	306	80.7 %	

Location City Analysis			390
GRANITE CITY	385	98.7 %	
MADISON	4	1.0 %	
Pontoon Beach	1	0.3 %	

Location County Analysis			390
Madiosn	1	0.3 %	
MADISON	388	99.5 %	
MADSION	1	0.3 %	

COV Gold Advantage	1	0.3 %
Coventry	3	0.8 %
Coventry Health Plan of MO	3	0.8 %
Coventry Healthcare PO BOX 7374	1	0.3 %
Essence	5	1.3 %
ESSENCE HEALTHCARE	4	1.1 %
Exclusive Choice	1	0.3 %
Harmony	1	0.3 %
Harmony health care	2	0.5 %
Harmony Health Plan	10	2.6 %
Harmony healthplan	2	0.5 %
Healthlink Open Access	1	0.3 %
Humana Gold Plus HMO	1	0.3 %
Illinois medicaid	2	0.5 %
MCARE OUTPATIENT	2	0.5 %
Medicaid Illnois	21	5.5 %
Medicare Advantage	1	0.3 %
Medicare Advantage OBS	1	0.3 %
Medicare Advantage UHC	4	1.1 %
Medicare ADVANTAHE UHC	3	0.8 %
Medicare Advntage UHC	1	0.3 %
Medicare Complete	6	1.6 %
Medicare Complete AARP	1	0.3 %
Medicare Complete mutual of omaha	2	0.5 %
Medicare HMO	1	0.3 %
Medicare Mutual Of omaha	1	0.3 %
Medicare Mutual Omaha PO 1602	96	25.3 %
Medicare/Medicare part A	1	0.3 %
Meridan Health Plan	2	0.5 %
Meridian	1	0.3 %
Meridian health paln	1	0.3 %
MerIDIAN HEALTH PLAN	38	10.0 %
Meridian Health Plan of Illinois	1	0.3 %
Meridian healthplan	4	1.1 %
Missouri Medicaid	3	0.8 %
Molina	1	0.3 %
Molina Health care of IL	1	0.3 %
Molina Health care of Illinois	1	0.3 %
MoLINA HEALTHCARE	5	1.3 %
Molina healthcare of il	11	2.9 %
Molina Healthcare of Illinois	2	0.5 %
N/A	4	1.1 %
No Secondary Insurance	1	0.3 %
No Transport	3	0.8 %
null	3	0.8 %
Self Pay	66	17.4 %
State of IL Empl/Healthlink	1	0.3 %
United Healthcare	1	0.3 %
United Healthcare Atlanta	1	0.3 %
United Healthcare Choice	5	1.3 %
United Healthcare Other	1	0.3 %
Unknown	1	0.3 %
Vamd	2	0.5 %
Vamd ctr nonva care 04fjb	1	0.3 %
Vet. affairs	1	0.3 %
WeLLCARE MADICARE HMO	1	0.3 %
Wellcare medicare	1	0.3 %
Wellcare Medicare HMO	2	0.5 %
Worker's Compensation	1	0.3 %

Dispatch Complaint Assignments Analysis 390

Abdominal Pain	12	3.1 %
Assault	1	0.3 %
Assist invalid	6	1.5 %
Back pain (non trauamatic)	5	1.3 %
Breathing problems	52	13.3 %
Burn/Explosions	1	0.3 %
Cardiac/Respiratory arrest	3	0.8 %
Chest pain	30	7.7 %
Choking	2	0.5 %
Convulsions/Seizure	17	4.4 %
Diabetic problems	11	2.8 %
Falls/Back injury (traumatic)	34	8.7 %
Headache	6	1.5 %
Heart Problems	1	0.3 %
Heat/Cold exposure	2	0.5 %
Hemorrhage/Laceration	4	1.0 %
Nature unknown	15	3.8 %
Overdose/Ingestion/Poisoning	12	3.1 %
Pregnancy/Childbirth/Miscarriage	2	0.5 %
Psych/Suicide	8	2.1 %
Sick case	52	13.3 %
Stab/Gunshot wound	2	0.5 %
Stroke(CVA)	6	1.5 %
Traffic accident	18	4.6 %
Transfer/Interfacility/Palliative Care	37	9.5 %
Traumatic injuries	13	3.3 %
Unconscious/Fainting	22	5.6 %

Heart murmer	1	0.1 %
Hemroids	1	0.1 %
Hepatitis C	3	0.4 %
Hernia	1	0.1 %
Herniated Disk	1	0.1 %
High Cholesterol	3	0.4 %
Hospice	1	0.1 %
Htn	41	4.9 %
Hypercholesterolemia	9	1.1 %
Hyperlipemia	1	0.1 %
Hyperlipidemia	1	0.1 %
Hypertension	82	9.8 %
HypertensionD	1	0.1 %
Hypoglycemia	1	0.1 %
Hypotension	4	0.5 %
Hypothyroidism	3	0.4 %
IDDM	2	0.2 %
infected right foot bones	1	0.1 %
iron deficiency	1	0.1 %
Kidney FAILURE	1	0.1 %
Kidney transplant	1	0.1 %
Langerhans cell histiocytosis	2	0.2 %
Leukemia	1	0.1 %
Liver disease	2	0.2 %
LOW BP	1	0.1 %
LUNG DISEASE	1	0.1 %
Lympedma	1	0.1 %
Menigitis (bacterial)	1	0.1 %
Mental Retardation	2	0.2 %
MI	19	2.3 %
MI x1	1	0.1 %
Migraines	1	0.1 %
MS	6	0.7 %
Multiple Jaw surgeries	1	0.1 %
Multiple sclorosis	1	0.1 %
Multisubtance abuse	1	0.1 %
Muscular Dystrophy	1	0.1 %
Neuropathy	3	0.4 %
NON-alcoholic liver disease	1	0.1 %
NONE	49	5.9 %
Obesity	1	0.1 %
Osteoarthritis	1	0.1 %
Osteoporosis	3	0.4 %
Ovarian cyst	1	0.1 %
Pacemaker	22	2.6 %
Pacemaker/Defebrillator	2	0.2 %
Pancreatitis	2	0.2 %
Parkinsons	3	0.4 %
PLEURISY	2	0.2 %
Pneumonia	1	0.1 %
Polycystic kidney disease	1	0.1 %
Possible MI	1	0.1 %
Pregnancy	1	0.1 %
Premature Birth	1	0.1 %
Prostate	2	0.2 %
Prostate CANCER	1	0.1 %
PTSD	2	0.2 %
Pulmonary Emboli	1	0.1 %
Pulmonary Fibrosis	1	0.1 %
Pulmonary Hypertension	1	0.1 %
Renal Failure	14	1.7 %
Schizophrenia	7	0.8 %
Seasonal Asthma	1	0.1 %
Seizures	26	3.1 %
Spinal	1	0.1 %
SPINAL FUSION	2	0.2 %
Stents	4	0.5 %
Stintsx2	2	0.2 %
Stroke	3	0.4 %
Syncopal episodes	2	0.2 %
Temporary quadraplegic	1	0.1 %
Thyroid	2	0.2 %
Tia	4	0.5 %
Ulcer	1	0.1 %
Unknown	8	1.0 %
Upper GI bleed	1	0.1 %

Patient Primary Illness Assessment Analysis 258

Abdominal pain/problems	13	5.0 %
Altered level of consciousness	9	3.5 %
Behavioral/psychiatric disorder	8	3.1 %
Cardiac arrest	4	1.6 %
Cardiac rhythm disturbance	2	0.8 %
Chest pain/discomfort	31	12.0 %
Diabetic symptoms	9	3.5 %
Inhalation injury (toxic gas)	1	0.4 %
Poisoning/drug ingestion	5	1.9 %
Pregnancy/OB delivery	2	0.8 %

Intravenous electrolyte solutions Sodium chloride	41	15.9 %
Labetalol	1	0.3 %
Naloxone HCL	4	1.4 %
Nitroglycerin ointment	3	1.0 %
Nitroglycerin spray	30	10.2 %
Nitroglycerin sublingual tablets	1	0.3 %
Normal Saline Lock	16	5.4 %
Ondansetron (zofran)	9	3.1 %
Oxygen	101	34.2 %
Potassium--for interfacility transports only	1	0.3 %
Sodium bicarbonate	1	0.3 %
Vasopressin	1	0.3 %

EMS Assignments Summary

EMS Assignments:		390
Mutual Aid Provided:	4	1.03 %
Mutual Aid Received:	0	0.00%
No Patient At Scene:	14	3.59 %

Patient Care Reports:		379
Illness Related:	258	68.07 %
Trauma Related:	51	13.46 %

PAYROLL NO#: 01 - City of Granite City SORTED BY DEPARTMENT DATE: 2/01/2016 THRU 2/15/2016

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -01 MAYOR

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS	10 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		10 CHECK(S)	
NET -		12142.14		0.00		0.00		0.00		12142.14
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		17145.77		0.00		0.00		0.00		17145.77
SALARY -	508.30	16867.77	0.00	0.00	0.00	0.00	0.00	0.00	508.30	16867.77
HOURLY PAY -	4.00	128.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	128.00
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
HLTH SNG PR-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	3.84	3.81	0.00	0.00	0.00	0.00	0.00	0.00	3.84	3.81
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	46.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.56
UNITED WAY -	0.00	80.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.47
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DIVERS 457%-	0.00	103.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.35
I.M.R.F -	1615.68	614.06	0.00	0.00	0.00	0.00	0.00	0.00	1615.68	614.06
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	16203.36	2038.11	0.00	0.00	0.00	0.00	0.00	0.00	16203.36	2038.11
STATE W/H -	16203.36	597.82	0.00	0.00	0.00	0.00	0.00	0.00	16203.36	597.82
FICA -	16920.77	1049.09	0.00	0.00	0.00	0.00	0.00	0.00	16920.77	1049.09
MEDICARE -	16920.77	245.36	0.00	0.00	0.00	0.00	0.00	0.00	16920.77	245.36
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

JUDY J. WHITAKER
RECEIVED
Feb 9 2016
CITY CLERK'S OFFICE
GRANITE CITY, IL

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -02 CITY CLERK

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	4 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)	
NET -		5313.23		0.00		0.00		0.00		5313.23
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		7933.72		0.00		0.00		0.00		7933.72
SALARY -	346.64	7783.72	0.00	0.00	0.00	0.00	0.00	0.00	346.64	7783.72
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH FML AF-	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	5.12	5.08	0.00	0.00	0.00	0.00	0.00	0.00	5.12	5.08
IPPFA 457 P-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	93.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93.12
UNITED WAY -	0.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	939.35	357.02	0.00	0.00	0.00	0.00	0.00	0.00	939.35	357.02
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	114.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	114.58
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	7362.12	1009.06	0.00	0.00	0.00	0.00	0.00	0.00	7362.12	1009.06
STATE W/H -	7362.12	291.12	0.00	0.00	0.00	0.00	0.00	0.00	7362.12	291.12
FICA -	7719.14	478.58	0.00	0.00	0.00	0.00	0.00	0.00	7719.14	478.58
MEDICARE -	7719.14	111.93	0.00	0.00	0.00	0.00	0.00	0.00	7719.14	111.93
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -03 LEGISLATIVE - ALDERM

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	10 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		10 CHECK(S)	
NET -		2095.24		0.00		0.00		0.00		2095.24
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		2633.30		0.00		0.00		0.00		2633.30
SALARY -	45.00	2633.30	0.00	0.00	0.00	0.00	0.00	0.00	45.00	2633.30
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
ST FARM INS	1.28	1.27	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27
I.M.R.F -	155.90	59.25	0.00	0.00	0.00	0.00	0.00	0.00	155.90	59.25
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	2574.05	174.69	0.00	0.00	0.00	0.00	0.00	0.00	2574.05	174.69
STATE W/H -	2574.05	101.35	0.00	0.00	0.00	0.00	0.00	0.00	2574.05	101.35
FICA -	2633.30	163.30	0.00	0.00	0.00	0.00	0.00	0.00	2633.30	163.30
MEDICARE -	2633.30	38.20	0.00	0.00	0.00	0.00	0.00	0.00	2633.30	38.20
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -04 TREASURER

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	4 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		4 CHECK(S)	
NET -		5131.49		0.00		0.00		0.00		5131.49
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		7827.03		0.00		0.00		0.00		7827.03
SALARY -	346.65	7677.03	0.00	0.00	0.00	0.00	0.00	0.00	346.65	7677.03
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH FML AF-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	80.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.78
LOAN PAYMEN-	0.00	17.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.48
ST FARM INS-	2.56	2.54	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54
IPPFA 457 P-	0.00	220.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220.20
AFSCME 31 -	0.00	93.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	93.12
UNITED WAY -	0.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.00
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	926.71	352.22	0.00	0.00	0.00	0.00	0.00	0.00	926.71	352.22
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	7254.61	919.18	0.00	0.00	0.00	0.00	0.00	0.00	7254.61	919.18
STATE W/H -	7254.61	265.25	0.00	0.00	0.00	0.00	0.00	0.00	7254.61	265.25
FICA -	7827.03	485.28	0.00	0.00	0.00	0.00	0.00	0.00	7827.03	485.28
MEDICARE -	7827.03	113.49	0.00	0.00	0.00	0.00	0.00	0.00	7827.03	113.49
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -05 FINANCIAL ADMINISTRA

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	3 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		3 CHECK(S)	
NET -		3511.82		0.00		0.00		0.00		3511.82
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		4988.47		0.00		0.00		0.00		4988.47
SALARY -	216.62	4763.47	0.00	0.00	0.00	0.00	0.00	0.00	216.62	4763.47
WC ED -	0.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	1.28	1.27	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27
AFSCME 31 -	0.00	46.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.56
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	590.64	224.48	0.00	0.00	0.00	0.00	0.00	0.00	590.64	224.48
MELLON ADD -	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	4643.99	537.74	0.00	0.00	0.00	0.00	0.00	0.00	4643.99	537.74
STATE W/H -	4643.99	174.15	0.00	0.00	0.00	0.00	0.00	0.00	4643.99	174.15
FICA -	4868.47	301.85	0.00	0.00	0.00	0.00	0.00	0.00	4868.47	301.85
MEDICARE -	4868.47	70.60	0.00	0.00	0.00	0.00	0.00	0.00	4868.47	70.60
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -06 IT DEPARTMENT

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	2 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		2 CHECK(S)	
NET -		3770.91		0.00		0.00		0.00		3770.91
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		5608.34		0.00		0.00		0.00		5608.34
SALARY -	173.32	5608.34	0.00	0.00	0.00	0.00	0.00	0.00	173.32	5608.34
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
HLTH SNG AF-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED WAY -	0.00	39.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	39.42
I.M.R.F -	664.02	252.38	0.00	0.00	0.00	0.00	0.00	0.00	664.02	252.38
MELLON ADD -	0.00	72.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	5233.96	782.66	0.00	0.00	0.00	0.00	0.00	0.00	5233.96	782.66
STATE W/H -	5233.96	196.27	0.00	0.00	0.00	0.00	0.00	0.00	5233.96	196.27
FICA -	5486.34	340.15	0.00	0.00	0.00	0.00	0.00	0.00	5486.34	340.15
MEDICARE -	5486.34	79.55	0.00	0.00	0.00	0.00	0.00	0.00	5486.34	79.55
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -07 POLICE

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	73 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		73 CHECK(S)	
NET -		135370.23		0.00		0.00		0.00		135370.23
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		201066.60		0.00		0.00		0.00		201066.60
SALARY -	5905.39	189720.18	0.00	0.00	0.00	0.00	0.00	0.00	5905.39	189720.18
HOURLY PAY -	51.00	420.75	0.00	0.00	0.00	0.00	0.00	0.00	51.00	420.75
REIM OT -	55.00	2843.61	0.00	0.00	0.00	0.00	0.00	0.00	55.00	2843.61
OVERTIME PA-	14.50	702.92	0.00	0.00	0.00	0.00	0.00	0.00	14.50	702.92
COURT TIME -	2.00	126.18	0.00	0.00	0.00	0.00	0.00	0.00	2.00	126.18
C O R -	154.00	6160.00	0.00	0.00	0.00	0.00	0.00	0.00	154.00	6160.00
RANK DIFF -	176.00	478.25	0.00	0.00	0.00	0.00	0.00	0.00	176.00	478.25
DISPATCH 2 -	348.00	348.00	0.00	0.00	0.00	0.00	0.00	0.00	348.00	348.00
SHIF/DIFF3 -	1534.50	997.43	0.00	0.00	0.00	0.00	0.00	0.00	1534.50	997.43
WC ED -	0.00	87.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	87.50
INJURED -	0.00	1729.22-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1729.22-
DECLINE -	0.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
T FRINGE -	0.00	311.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	311.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	0.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
HLTH FML AF-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
PBPA CHIEF -	0.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00
LOAN PAYMEN-	0.00	1047.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1047.65
LOAN PAYMEN-	0.00	386.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	386.37
LOAN PAYMEN-	0.00	326.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	326.74
ST FARM INS-	58.88	58.42	0.00	0.00	0.00	0.00	0.00	0.00	58.88	58.42
IPPFA 457 P-	0.00	1926.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1926.00
PBPA LABOR -	0.00	2517.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2517.50
AFSCME 31 -	0.00	512.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	512.16
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FRINGE BFTS-	0.00	311.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	311.00
BAS 125 PLA-	0.00	125.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00
POLICE/FIRE-	0.00	138.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138.74
CHILD SUPPT-	0.00	1838.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1838.01
DIVERS 457%-	0.00	1092.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1092.18
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIN LOAN -	0.00	57.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57.68
LOAN PYMT -	0.00	80.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.60
PRINCIPAL -	0.00	315.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	315.00
I.M.R.F -	2888.29	1097.77	0.00	0.00	0.00	0.00	0.00	0.00	2888.29	1097.77
POL PENSION-	0.00	16459.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16459.87
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	179900.78	25931.07	0.00	0.00	0.00	0.00	0.00	0.00	179900.78	25931.07
STATE W/H -	179900.78	6684.03	0.00	0.00	0.00	0.00	0.00	0.00	179900.78	6684.03
FICA -	24965.09	1547.83	0.00	0.00	0.00	0.00	0.00	0.00	24965.09	1547.83
MEDICARE -	197086.43	2857.75	0.00	0.00	0.00	0.00	0.00	0.00	197086.43	2857.75

EIC CREDIT -	0.00	0.00	0.00	0.00	0.00

DEPARTMENT TOTALS

DEPARTMENT: 10 -08 FIRE & AMBULANCE

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	54 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		54 CHECK(S)	
NET -		107780.96		0.00		0.00		0.00		107780.96
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		166209.20		0.00		0.00		0.00		166209.20
SALARY -	5846.16	159535.46	0.00	0.00	0.00	0.00	0.00	0.00	5846.16	159535.46
CALL OUT -	21.00	820.98	0.00	0.00	0.00	0.00	0.00	0.00	21.00	820.98
RANK DIFF -	696.00	1309.02	0.00	0.00	0.00	0.00	0.00	0.00	696.00	1309.02
EMA COOR -	0.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
DECLINE -	0.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
CEU HOURS -	88.00	3443.74	0.00	0.00	0.00	0.00	0.00	0.00	88.00	3443.74
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMB FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	2000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2000.00
HLTH SNG PR-	0.00	225.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	225.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	668.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	668.91
LOAN PAYMEN-	0.00	34.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.28
ST FARM INS-	47.36	46.99	0.00	0.00	0.00	0.00	0.00	0.00	47.36	46.99
IPPFA 457 P-	0.00	4011.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4011.22
RELIEF & WE-	0.00	70.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.00
AFSCME 31 -	0.00	46.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.56
UNITED WAY -	0.00	397.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	397.16
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
POLICE/FIRE-	0.00	895.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	895.89
253 FIRE PA-	0.00	189.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	189.20
ADD FIRE PA-	0.00	40.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.50
CHILD SUPPT-	0.00	955.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	955.00
DIVERS 457%-	0.00	536.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	536.21
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	1.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.01
GARNISHMENT-	0.00	50.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.33
PRIN 457% -	0.00	97.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.01
PRIN LOAN -	0.00	279.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	279.13
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	745.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	745.00
I.M.R.F -	235.79	89.62	0.00	0.00	0.00	0.00	0.00	0.00	235.79	89.62
FIRE PENSIO-	0.00	14943.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14943.05
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	270.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.42
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	158484.14	23614.37	0.00	0.00	0.00	0.00	0.00	0.00	158484.14	23614.37
STATE W/H -	158484.14	5846.94	0.00	0.00	0.00	0.00	0.00	0.00	158484.14	5846.94
FICA -	1966.47	121.92	0.00	0.00	0.00	0.00	0.00	0.00	1966.47	121.92
MEDICARE -	153899.33	2231.52	0.00	0.00	0.00	0.00	0.00	0.00	153899.33	2231.52

EIC CREDIT -	0.00	0.00	0.00	0.00	0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -09 CIVIL DEFENSE

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -11 SAFETY

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	2 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		2 CHECK(S)	
NET -		2752.34		0.00		0.00		0.00		2752.34
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		4160.99		0.00		0.00		0.00		4160.99
SALARY -	173.32	4160.99	0.00	0.00	0.00	0.00	0.00	0.00	173.32	4160.99
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	2.56	2.54	0.00	0.00	0.00	0.00	0.00	0.00	2.56	2.54
IPPFA 457 P-	0.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.00
AFSCME 31 -	0.00	46.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	46.56
UNITED WAY -	0.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
I.M.R.F -	492.66	187.25	0.00	0.00	0.00	0.00	0.00	0.00	492.66	187.25
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	36.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.60
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	3747.14	487.31	0.00	0.00	0.00	0.00	0.00	0.00	3747.14	487.31
STATE W/H -	3747.14	140.52	0.00	0.00	0.00	0.00	0.00	0.00	3747.14	140.52
FICA -	4024.39	249.51	0.00	0.00	0.00	0.00	0.00	0.00	4024.39	249.51
MEDICARE -	4024.39	58.36	0.00	0.00	0.00	0.00	0.00	0.00	4024.39	58.36
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -12 BUILDING & ZONING

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	14 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		14 CHECK(S)	
NET -		20718.54		0.00		0.00		0.00		20718.54
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		30947.26		0.00		0.00		0.00		30947.26
SALARY -	866.60	18270.96	0.00	0.00	0.00	0.00	0.00	0.00	866.60	18270.96
HOURLY PAY -	152.00	2198.00	0.00	0.00	0.00	0.00	0.00	0.00	152.00	2198.00
WC ED -	0.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
AUX COOR -	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
SICK--CASH -	367.74	10153.30	0.00	0.00	0.00	0.00	0.00	0.00	367.74	10153.30
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
HLTH FML AF-	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST FARM INS-	8.96	8.89	0.00	0.00	0.00	0.00	0.00	0.00	8.96	8.89
IPPFA 457 P-	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
PBPA LABOR -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AFSCME 31 -	0.00	279.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	279.36
TEAMSTERS52-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UNITED WAY -	0.00	17.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	17.31
BAS 125 PLA-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00
I.M.R.F -	2390.03	908.37	0.00	0.00	0.00	0.00	0.00	0.00	2390.03	908.37
POL PENSION-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	50.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.98
LOAN PAYMEN-	0.00	29.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	29.18
REIMBURSE -	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	29588.89	4850.85	0.00	0.00	0.00	0.00	0.00	0.00	29588.89	4850.85
STATE W/H -	29588.89	1102.79	0.00	0.00	0.00	0.00	0.00	0.00	29588.89	1102.79
FICA -	30797.26	1909.42	0.00	0.00	0.00	0.00	0.00	0.00	30797.26	1909.42
MEDICARE -	30797.26	446.57	0.00	0.00	0.00	0.00	0.00	0.00	30797.26	446.57
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -13 PUBLIC WORKS

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	31 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		31 CHECK(S)	
NET -		51002.32		0.00		0.00		0.00		51002.32
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		77768.27		0.00		0.00		0.00		77768.27
SALARY -	2607.81	70257.57	0.00	0.00	0.00	0.00	0.00	0.00	2607.81	70257.57
OVERTIME PA-	2.00	82.08	0.00	0.00	0.00	0.00	0.00	0.00	2.00	82.08
CALL OUT -	185.00	7360.62	0.00	0.00	0.00	0.00	0.00	0.00	185.00	7360.62
RANK DIFF -	60.00	36.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00	36.00
CDL LIC -	64.00	32.00	0.00	0.00	0.00	0.00	0.00	0.00	64.00	32.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
ST FARM INS	19.20	19.05	0.00	0.00	0.00	0.00	0.00	0.00	19.20	19.05
IPPFA 457 P-	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
TEAMSTERS52-	0.00	963.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	963.00
LABORER 397-	0.00	675.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	675.00
UNITED WAY -	0.00	28.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.39
CHILD SUPPT-	0.00	762.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	762.20
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	130.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00
I.M.R.F -	9207.71	3499.57	0.00	0.00	0.00	0.00	0.00	0.00	9207.71	3499.57
VOL ADD CON-	0.00	552.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	552.58
2%-LABOR -	0.00	748.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	748.10
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REIMBURSE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	74038.70	10577.50	0.00	0.00	0.00	0.00	0.00	0.00	74038.70	10577.50
STATE W/H -	74038.70	2761.29	0.00	0.00	0.00	0.00	0.00	0.00	74038.70	2761.29
FICA -	77768.27	4821.62	0.00	0.00	0.00	0.00	0.00	0.00	77768.27	4821.62
MEDICARE -	77768.27	1127.65	0.00	0.00	0.00	0.00	0.00	0.00	77768.27	1127.65
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -14 SANITATION/INSPECTIO

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 10 -23 SUMMER PART-TIME HEL

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 15 -01 CINEMA

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	16 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		16 CHECK(S)	
NET -		7860.40		0.00		0.00		0.00		7860.40
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		10594.40		0.00		0.00		0.00		10594.40
SALARY -	173.34	6888.39	0.00	0.00	0.00	0.00	0.00	0.00	173.34	6888.39
HOURLY PAY -	439.21	3706.01	0.00	0.00	0.00	0.00	0.00	0.00	439.21	3706.01
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG AF-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
I.M.R.F -	815.58	309.98	0.00	0.00	0.00	0.00	0.00	0.00	815.58	309.98
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	10284.42	1219.31	0.00	0.00	0.00	0.00	0.00	0.00	10284.42	1219.31
STATE W/H -	10284.42	369.25	0.00	0.00	0.00	0.00	0.00	0.00	10284.42	369.25
FICA -	10594.40	656.84	0.00	0.00	0.00	0.00	0.00	0.00	10594.40	656.84
MEDICARE -	10594.40	153.62	0.00	0.00	0.00	0.00	0.00	0.00	10594.40	153.62
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 30 -36 MOTOR FUEL FUND PROJ

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)	
NET -		0.00		0.00		0.00		0.00		0.00
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		0.00		0.00		0.00		0.00		0.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE W/H -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FICA -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 70 -55 PAYROLL

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	29 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		29 CHECK(S)	
NET -		53260.82		0.00		0.00		0.00		53260.82
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		82814.35		0.00		0.00		0.00		82814.35
SALARY -	2490.50	76296.71	0.00	0.00	0.00	0.00	0.00	0.00	2490.50	76296.71
OVERTIME PA-	102.50	4476.17	0.00	0.00	0.00	0.00	0.00	0.00	102.50	4476.17
CALL OUT -	4.00	216.72	0.00	0.00	0.00	0.00	0.00	0.00	4.00	216.72
RANK DIFF -	185.50	375.18	0.00	0.00	0.00	0.00	0.00	0.00	185.50	375.18
SHIF/DIFF2 -	263.00	105.20	0.00	0.00	0.00	0.00	0.00	0.00	263.00	105.20
SHIF/DIFF3 -	324.00	243.00	0.00	0.00	0.00	0.00	0.00	0.00	324.00	243.00
SUN PREM -	144.00	196.11	0.00	0.00	0.00	0.00	0.00	0.00	144.00	196.11
LIC CERT -	0.00	768.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	768.30
DECLINE -	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
NO PAY -	0.50	13.04-	0.00	0.00	0.00	0.00	0.00	0.00	0.50	13.04-
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	1050.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1050.00
HLTH SNG PR-	0.00	175.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
HLTH SNG AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FML AF-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	191.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	191.87
LOAN PAYMEN-	0.00	79.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	79.92
LOAN PAYMEN-	0.00	38.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	38.85
ST FARM INS-	26.88	26.67	0.00	0.00	0.00	0.00	0.00	0.00	26.88	26.67
IPPFA 457 P-	0.00	375.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	375.00
ENG LOCAL39-	0.00	1919.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1919.75
UNITED WAY -	0.00	76.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76.85
CHILD SUPPT-	0.00	410.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	410.04
CHAPTER 13 -	0.00	387.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	387.50
GARN FEE -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	297.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50
PRIN 457% -	0.00	168.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	168.85
LOAN PYMT -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRINCIPAL -	0.00	103.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.29
MISC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	9805.22	3726.66	0.00	0.00	0.00	0.00	0.00	0.00	9805.22	3726.66
VOL ADD CON-	0.00	236.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	236.39
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	44.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	44.26
REIMBURSE -	0.00	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.00
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	77215.55	11113.86	0.00	0.00	0.00	0.00	0.00	0.00	77215.55	11113.86
STATE W/H -	77215.55	2844.67	0.00	0.00	0.00	0.00	0.00	0.00	77215.55	2844.67
FICA -	81589.35	5058.56	0.00	0.00	0.00	0.00	0.00	0.00	81589.35	5058.56
MEDICARE -	81589.35	1183.04	0.00	0.00	0.00	0.00	0.00	0.00	81589.35	1183.04
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

D E P A R T M E N T T O T A L S

DEPARTMENT: 71 -30 INDUSTRIAL PRETREATM

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	1 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		1 CHECK(S)	
NET -		1597.45		0.00		0.00		0.00		1597.45
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		2701.00		0.00		0.00		0.00		2701.00
SALARY -	86.66	2652.77	0.00	0.00	0.00	0.00	0.00	0.00	86.66	2652.77
LIC CERT -	0.00	48.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	48.23
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
OPTUM FUNDI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH SNG PR-	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
ST FARM INS-	1.28	1.27	0.00	0.00	0.00	0.00	0.00	0.00	1.28	1.27
IPPFA 457 P-	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
ENG LOCAL39-	0.00	73.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	73.75
UNITED WAY -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	319.80	121.55	0.00	0.00	0.00	0.00	0.00	0.00	319.80	121.55
TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	2354.45	388.98	0.00	0.00	0.00	0.00	0.00	0.00	2354.45	388.98
STATE W/H -	2354.45	88.29	0.00	0.00	0.00	0.00	0.00	0.00	2354.45	88.29
FICA -	2676.00	165.91	0.00	0.00	0.00	0.00	0.00	0.00	2676.00	165.91
MEDICARE -	2676.00	38.80	0.00	0.00	0.00	0.00	0.00	0.00	2676.00	38.80
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00

R E P O R T T O T A L S

	1ST - QUARTER TOTALS		2ND - QUARTER TOTALS		3RD - QUARTER TOTALS		4TH - QUARTER TOTALS		** TOTAL **	
NBR CHECKS -	253 CHECK(S)		0 CHECK(S)		0 CHECK(S)		0 CHECK(S)		253 CHECK(S)	
NET -		412307.89		0.00		0.00		0.00		412307.89
EARNINGS	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT
GROSS -		622398.70		0.00		0.00		0.00		622398.70
SALARY -	19786.31	573116.66	0.00	0.00	0.00	0.00	0.00	0.00	19786.31	573116.66
HOURLY PAY -	646.21	6452.76	0.00	0.00	0.00	0.00	0.00	0.00	646.21	6452.76
REIM OT -	55.00	2843.61	0.00	0.00	0.00	0.00	0.00	0.00	55.00	2843.61
OVERTIME PA-	119.00	5261.17	0.00	0.00	0.00	0.00	0.00	0.00	119.00	5261.17
COURT TIME -	2.00	126.18	0.00	0.00	0.00	0.00	0.00	0.00	2.00	126.18
CALL OUT -	210.00	8398.32	0.00	0.00	0.00	0.00	0.00	0.00	210.00	8398.32
C O R -	154.00	6160.00	0.00	0.00	0.00	0.00	0.00	0.00	154.00	6160.00
RANK DIFF -	1117.50	2198.45	0.00	0.00	0.00	0.00	0.00	0.00	1117.50	2198.45
SHIF/DIFF2 -	263.00	105.20	0.00	0.00	0.00	0.00	0.00	0.00	263.00	105.20
SHIF/DIFF3 -	324.00	243.00	0.00	0.00	0.00	0.00	0.00	0.00	324.00	243.00
CDL LIC -	64.00	32.00	0.00	0.00	0.00	0.00	0.00	0.00	64.00	32.00
DISPATCH 2 -	348.00	348.00	0.00	0.00	0.00	0.00	0.00	0.00	348.00	348.00
SUN PREM -	144.00	196.11	0.00	0.00	0.00	0.00	0.00	0.00	144.00	196.11
SHIF/DIFF3 -	1534.50	997.43	0.00	0.00	0.00	0.00	0.00	0.00	1534.50	997.43
LIC CERT -	0.00	816.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	816.53
WC ED -	0.00	387.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	387.50
INJURED -	0.00	1729.22-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1729.22-
EMA COOR -	0.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
AUX COOR -	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
DECLINE -	0.00	1950.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1950.00
SICK--CASH -	367.74	10153.30	0.00	0.00	0.00	0.00	0.00	0.00	367.74	10153.30
NO PAY -	0.50	13.04-	0.00	0.00	0.00	0.00	0.00	0.00	0.50	13.04-
CEU HOURS -	88.00	3443.74	0.00	0.00	0.00	0.00	0.00	0.00	88.00	3443.74
T FRINGE -	0.00	311.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	311.00
DEDUCTIONS	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT	EMPLOYER	DEDUCT
UMB FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM FUNDI-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H.S.A -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HLTH FAM PR-	0.00	3900.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3900.00
HLTH SNG PR-	0.00	450.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	450.00
HLTH SNG AF-	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
HLTH FML AF-	0.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00
PBPA CHIEF -	0.00	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.00
LOAN PAYMEN-	0.00	1908.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1908.43
LOAN PAYMEN-	0.00	581.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	581.35
LOAN PAYMEN-	0.00	383.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	383.07
ST FARM INS-	179.20	177.80	0.00	0.00	0.00	0.00	0.00	0.00	179.20	177.80
IPPFA 457 P-	0.00	6972.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6972.42
RELIEF & WE-	0.00	70.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.00
ENG LOCAL39-	0.00	1993.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1993.50
PBPA LABOR -	0.00	2517.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2517.50
AFSCME 31 -	0.00	1164.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1164.00
TEAMSTERS52-	0.00	963.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	963.00
LABORER 397-	0.00	675.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	675.00
UNITED WAY -	0.00	680.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	680.60
FRINGE BFTS-	0.00	311.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	311.00
BAS 125 PLA-	0.00	125.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00
POLICE/FIRE-	0.00	1034.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1034.63

253 FIRE PA-	0.00	189.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	189.20
ADD FIRE PA-	0.00	40.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.50
CHILD SUPPT-	0.00	3965.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3965.25
DIVERS 457%-	0.00	1731.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1731.74
CHAPTER 13 -	0.00	387.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	387.50
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARN FEE -	0.00	1.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.01
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHAPTER 13 -	0.00	297.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.50
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GARNISHMENT-	0.00	50.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.33
GARNISHMENT-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRIN 457% -	0.00	265.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	265.86
PRIN LOAN -	0.00	336.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	336.81
LOAN PYMT -	0.00	80.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	80.60
PRINCIPAL -	0.00	1543.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1543.29
MISC -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I.M.R.F -	31047.38	11800.18	0.00	0.00	0.00	0.00	0.00	0.00	31047.38	11800.18
POL PENSION-	0.00	16459.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16459.87
FIRE PENSIO-	0.00	14943.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14943.05
VOL ADD CON-	0.00	788.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	788.97
HSA FUND -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2%-LABOR -	0.00	748.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	748.10
MELLON ADD -	0.00	243.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	243.18
MELLON ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OPTUM ADD -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
LOAN PAYMEN-	0.00	95.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.24
LOAN PAYMEN-	0.00	299.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	299.60
REIMBURSE -	0.00	70.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.00
UMB ADDITIO-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UMB ADD PRE-	0.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.00

TAXES	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX	TAXABLE	TAX
FEDERAL W/H-	578886.16	83644.69	0.00	0.00	0.00	0.00	0.00	0.00	578886.16	83644.69
STATE W/H -	578886.16	21463.74	0.00	0.00	0.00	0.00	0.00	0.00	578886.16	21463.74
FICA -	279836.28	17349.86	0.00	0.00	0.00	0.00	0.00	0.00	279836.28	17349.86
MEDICARE -	603890.48	8756.44	0.00	0.00	0.00	0.00	0.00	0.00	603890.48	8756.44
EIC CREDIT -		0.00		0.00		0.00		0.00		0.00