



**St. Joseph  
Health Services  
of Rhode Island**

200 High Service Avenue  
North Providence, RI 02904

**PAYROLL ACCOUNT**

**Citizens Bank**  
Rhode Island

57-12  
115

VOUCHER NUMBER 531095

VOUCHER DATE 01/28/10

**VOUCHER AMOUNT**

**\*\*\$295.17**

**DIRECT DEPOSIT**

01.1606 531095  
BERNSTEIN, ROBERT S  
28 HOMESTEAD AVE  
SMITHFIELD, RI 02917

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

**WARNING: Original document develops stains from solvent or bleach alterations**

**St. Joseph Health Services Of Rhode Island**

200 HIGH SERVICE AVENUE • NORTH PROVIDENCE, RI 02904

| DEPT. NO. | EMPLOYEE NAME       | PERIOD ENDING |
|-----------|---------------------|---------------|
| 01.1606   | BERNSTEIN, ROBERT S | 01/23/10      |

  

| YOUR EARNINGS |        |      |        | OTHER DEDUCTIONS |        |       |
|---------------|--------|------|--------|------------------|--------|-------|
| DESCRIPTION   | HOURS  | RATE | AMOUNT |                  | AMOUNT | YTD   |
| REGULAR       | 32.250 | 9.00 | 290.25 | FICA-SS          | 21.11  | 90.42 |
| 2ND DIFF      | 32.250 | 1.00 | 32.25  | FICA-MC          | 4.94   | 21.15 |
| W/E DIFF      | 8.250  | 2.18 | 17.99  | 403B DIV-50 %    | 10.21  | 43.74 |
|               |        |      |        | FIT              | 0.00   | 8.85  |
|               |        |      |        | SIT              | 5.10   | 23.91 |
|               |        |      |        | RI TDI           | 3.96   | 16.98 |

| BENEFIT BALANCES |       |  |     |        |     |
|------------------|-------|--|-----|--------|-----|
| DESCRIPTION      | HOURS |  | GIL | WEEKLY | YTD |
| VAC              | 0.000 |  |     |        |     |
| SICK             | 0.000 |  |     |        |     |

|              | GROSS EARNINGS | NET PAY |
|--------------|----------------|---------|
| CURRENT      | 340.49         | 295.17  |
| YEAR TO DATE | 1458.30        | 1253.25 |



**St. Joseph  
Health Services  
of Rhode Island**

200 High Service Avenue  
North Providence, RI 02904

**PAYROLL ACCOUNT**

**Citizens Bank**  
Rhode Island

57-12  
115

VOUCHER NUMBER 549254

VOUCHER DATE 04/01/10

VOUCHER AMOUNT

\*\*\$295.17

**DIRECT DEPOSIT**

01.1606  
BERNSTEIN, ROBERT S  
28 HOMESTEAD AVE  
SMITHFIELD, RI 02917

549254

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

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**St. Joseph Health Services Of Rhode Island**

200 HIGH SERVICE AVENUE • NORTH PROVIDENCE, RI 02904

| DEPT. NO. |
|-----------|
| 01.1606   |

| EMPLOYEE NAME       |
|---------------------|
| BERNSTEIN, ROBERT S |

| PERIOD ENDING |
|---------------|
| 03/27/10      |

| YOUR EARNINGS |        |      |        | OTHER DEDUCTIONS |        |        |
|---------------|--------|------|--------|------------------|--------|--------|
| DESCRIPTION   | HOURS  | RATE | AMOUNT |                  | AMOUNT | YTD    |
| REGULAR       | 32.250 | 9.00 | 290.25 | FICA-SS          | 21.11  | 255.01 |
| 2ND DIFF      | 32.250 | 1.00 | 32.25  | FICA-MC          | 4.94   | 59.64  |
| W/E DIFF      | 8.250  | 2.18 | 17.99  | 403B DIV-50 %    | 10.21  | 123.37 |
|               |        |      |        | FIT              | 0.00   | 9.85   |
|               |        |      |        | SIT              | 5.10   | 54.92  |
|               |        |      |        | RI TDI           | 3.96   | 47.88  |

| BENEFIT BALANCES |       |  |     |        |     |
|------------------|-------|--|-----|--------|-----|
| DESCRIPTION      | HOURS |  | GTK | WEEKLY | YTD |
| VAC              | 0.000 |  |     |        |     |
| SICK             | 0.000 |  |     |        |     |

|              | GROSS EARNINGS | NET PAY |
|--------------|----------------|---------|
| CURRENT      | 340.49         | 295.17  |
| YEAR TO DATE | 4113.00        | 3562.33 |