

MHA
Barbara J Asman paid
3/29/69 (cash received).

NAME Barb Type Work: _____
 Classification: Regular Student Help Temporary
 Department: _____ Exemptions: _____

Base Salary: Monthly	\$	Dept. Code No.
Semi-Mo.	\$	
Day	\$	
Hourly	\$	Pay Period 19
Over T.	\$	Total Earnings \$

Day	Hours	Over-Time	Time Lost	Day	Hours	Over-Time	Time Lost	Deductions		
1				16	3					
2				17				F	LIFE & HOSP.	
3				18				G	FEDERAL W/H TAX	
4				19				H	SOC. SEC.	
5				20				N	DIS. OR ACC.-SIC.	
6				21				P	OTHER	
7				22				R	U. C.	
8				23				J	REF'D	
9				24				S	STATE W/H TAX	
10				25				U	RET.	
11				26						
12				27						
13				28						
14				29						
15				30						
X				31						Net Check \$
Tot.				Tot.						
Rate				Rate	1.50					
Amt.				Amt.	4.50					

Signature _____ Approved _____
 Drake University, Des Moines, Iowa