

LIFE AND DISABILITY INSURANCE COVERAGE
PAID BY EMPLOYEE DURING LEAVE WITHOUT PAY REPORT

<u>AGENCY</u>	<u>SSN</u>	<u>LAST NAME / FIRST NAME</u>	<u>DATE OF COVERAGE</u>	<u>CONTRIBUTION</u>
XXX	XXX-XX-XXXX	XXXXXXXX,XXXXXXXXXX	MM/DD/CCYY TO MM/DD/CCYY	\$XXX.XX
XXX	XXX-XX-XXXX	XXXXXXXX,XXXXXXXXXX	MM/DD/CCYY TO MM/DD/CCYY	<u>\$XXX.XX</u>
TOTAL	(total is the same as the receipt voucher posting to STARS)			\$XXX.XX

Report Name: LIFE AND DISABILITY INSURANCE COVERAGE PAID BY EMPLOYEE DURING LEAVE WITHOUT PAY REPORT

Due Date: At time STARS file is sent to process the accounting transactions

No. of Copies: Hard copy report: 2 copies or Excel Spreadsheet e-mailed to Accounts & Reports, Payroll Services (Abby Moore)

Sort Order: Numeric by SSN

Paper Size: 8 ½ x 11 (landscape)