



Illinois Department of Revenue
Salary Reimbursement

FRANKLIN COUNTY
 PO BOX 967
 BENTON, IL 628120967

Letter Date: 6/30/2021
 Fiscal Year: 2022
 Effective as of: 7/1/2021

The state's attorney and assistant state's attorney salary reimbursement amounts will be:

Base Salary	2.50 % COLA	Salary
\$178,960.18	\$4,474.00	\$183,434.18

Reimbursement breakdown

	Total Reimbursement	Monthly Reimbursement
1 State's Attorney Salary less 1988 deduction \$21,831	\$161,603.18	\$13,466.93
2 Assistant State's Attorney Mental Health Institution:	\$0.00	\$0.00
3 Assistant State's Attorney Higher Education Facility:	\$0.00	\$0.00
Total	\$161,603.18	\$13,466.93

Our records indicate that you have a Part-time Public Defender, per Illinois Statute 55 ILCS 5/3-4007 you are not required to maintain a salary of 90% of the State's Attorney.

If you have any questions, please contact our Springfield office weekdays between 8:30 a.m. and 4:30 p.m.

PROPERTY TAX DIVISION 3-450
 ASSESSMENT EDUCATION
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19033
 SPRINGFIELD IL 62794-9033

217 785-1356
 217 782-9932 fax
 rev.propertytaxed@illinois.gov



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Salary Reimbursement

FRANKLIN COUNTY
PO BOX 967
BENTON, IL 628120967

5833

Letter Date: 6/30/2021
Fiscal Year: 2022
Effective as of: 7/1/2021

The state's attorney and assistant state's attorney salary reimbursement amounts will be:

Base Salary	2.50 % COLA	Salary
\$178,960.18	\$4,474.00	\$183,434.18
<i>\$ 6,883.08</i>		<i>\$ 7,055.16</i>
	Reimbursement breakdown	
	Total Reimbursement	Monthly Reimbursement
1 State's Attorney Salary less 1988 deduction \$21,831	\$161,603.18	\$13,466.93
2 Assistant State's Attorney Mental Health Institution:	\$0.00	\$0.00
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Franklin County Employee Data Sheet

COPY

New employee hire date _____ Change on employee date 9/28/2021 Termination date _____

Employee No. 5833 Department _____ Title _____

Name of Employee ABIGAIL DINN

Address _____

City _____ State _____ Zip _____

Effective October 1, 2007, all new employees will be required to enroll in Direct Deposit of Payroll

PAYROLL DEDUCTIONS/INSURANCE

Social Security No. _____	Federal _____	Fringe _____
Date of Birth _____	IL _____	Health Ins _____
Marital Status _____	Add Fed _____	Delta Dental _____
Sex: M or F _____	Add IL _____	Epic Life Ins _____
Home Phone # _____	IMRF _____	
Cell Phone # _____	SLEP 1/2 _____	
Ethnicity _____	Tier 1/2 _____	

Do not want to disclose Email _____

<u>DEDUCTIONS</u>	Deferred _____	Non Deferred _____
NCPERS T/L _____	DENTAL _____	
AFLAC _____	VISION _____	
AFLAC C.I. _____	HEALTH INS. _____	

Full Time Employee _____ Part Time _____ Hours per week / month _____
Total hours allowed _____

Have you ever been employed by the County of Franklin? Y or N _____ When? _____
Have you ever participated in IL Mun. Retirement Fund? Y or N _____

<u>Change in Pay</u>	<u>Union Dues</u>	<u>Garnishment</u>
Effective Date <u>7/1/2021</u>	Effective _____	Effective _____
Present Salary <u>\$178,960.18/ \$6,883.08</u>	Amount _____	Amount _____
New Salary <u>\$183,434.18/ \$7055.16</u>	Completion _____	Completion _____
Increase Amount _____	Cell Phone Reim. _____	

COMMENTS Pay Raise effective back to 07/01/2021

back pay for 5 pays at \$172.08 = \$860.40
Back pay for 2 days at \$17.21 = \$34.42
Total back pay = \$894.82

Finance Chair Signature	<u>[Signature]</u>	Date	<u>10/04/2021</u>
Department Head Signature	_____	Date	_____
Employee Signature	_____	Date	_____
Received by County Clerk	<u>[Signature]</u>	Date	<u>10-5-21</u>
Received by Treasurer	<u>[Signature]</u>	Date	<u>10-8-21</u>



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\$ 6,883.08

2.50 % COLA

\$4,474.00

Salary

\$183,434.18

\$ 7,055.16

Reimbursement breakdown

Total Reimbursement

Monthly Reimbursement

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6,883.08-

002

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7,055.16 ÷ I

10. =

705.52*+

172.08 × I

5. =

860.40*+

178,960.18 ÷ I

26. =

6,883.08*+

0 * *

0 * *

6,883.08 ÷ I

10. =

688.31*+

17.21 × I

2. =

34.42*+

0 * *

Back pay

Back pay

BC

0 * *

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OF

0 * *

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894.82*+