

# FRINGE BENEFIT CALCULATION FORM

Disaster or Event \_\_\_\_\_ Applicant \_\_\_\_\_

Individual Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Project \_\_\_\_\_ Date \_\_\_\_\_

	REGULAR TIME PAY (by Percent)	OVERTIME PAY (by Percent)
Social Security		
Medicare		
Retirement		
Workers Compensation Insurance		
Unemployment Insurance		
Health Insurance Benefits		
Life Insurance Benefits		
Annual (Vacation) Leave		
Holiday Leave		
Average Used Sick Leave		
Other (Describe) _____		
<b>TOTAL</b>		



