DEPARTMENT OF HOMELA FEDERAL EMERGENCY MANA APPLICANT'S BENEFITS CALCU	AND SECURITY GEMENT AGENCY JLATION WORKSH	PAGE EET	OF	O.M.B. No. 1660-0017 Expires October 31, 2008	
APPLICANT				PA ID NO.	
DISASTER		PROJEC	CT NO.		
FRINGE BENEFITS (by %)	REGUL	AR TIME		OVERTIME	
HOLIDAYS					
VACATION LEAVE					
SICK LEAVE					
SOCIAL SECURITY					
MEDICARE					
UNEMPLOYMENT					
WORKER'S COMP.					
RETIREMENT					
HEALTH BENEFITS					
LIFE INS. BENEFITS					
OTHER					
TOTAL in % annual salary					
L CERTIFY THAT THE INFORMATION ABO	IVE WAS TRANSCRIBE	IN EROM PAYRO	II PECORDS OR O	THER DOCUMENTS WHICH	
ARE AVAILABLE					
Name	ТІТІ	LE		DATE	

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed form to the above address.**