

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**APPLICANT'S BENEFITS CALCULATION WORKSHEET**

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**O.M.B. No. 1660-0017**  
*Expires December 31, 2011*

APPLICANT

PA ID NO.

DISASTER

PROJECT NO.

<b>FRINGE BENEFITS (by %)</b>	<b>REGULAR TIME</b>	<b>OVERTIME</b>
<b>HOLIDAYS</b>		
<b>VACATION LEAVE</b>		
<b>SICK LEAVE</b>		
<b>SOCIAL SECURITY</b>		
<b>MEDICARE</b>		
<b>UNEMPLOYMENT</b>		
<b>WORKER'S COMP.</b>		
<b>RETIREMENT</b>		
<b>HEALTH BENEFITS</b>		
<b>LIFE INS. BENEFITS</b>		
<b>OTHER</b>		
<b>TOTAL in % annual salary</b>		

COMMENTS

**I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE**

Name	TITLE	DATE
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