

U.S. Department of Energy
Report of Contractor Expenditures for Employee Supplemental Compensation
Compensation & Benefits Profile Report for Calendar Year 2014

Status: Date Submitted (DD/MM/YY)
 Status: Date Approved (DD/MM/YY)

Enter or select data in cells with yellow background.	
Field Office	
Facility (Site)	
Contractor	
Contract Number:	

PART ONE - EMPLOYMENT PER CONTRACT - IF FULL YEAR ENTER 52 WEEKS OTHERWISE ENTER NUMBER OF WEEKS BELOW

Number of Employees	No. of	Enter Number of Weeks or 52 below	
Exempt:			
Bargaining Unit:		If Contract Less than a Year Enter Start Date and/or End Date	
Nonexempt Nonbargaining Unit:		Start Date:	
Total Employees (Not Retired)	0	Finish Date:	
Retirees:	0		

PART TWO - GROSS PAY

Types of Expenditure	Total	Bargaining	Total Nonbarg	Exempt	Non Exempt
Gross Payroll	0	0	0	0	0
Annual Base Pay	0	0	0	0	0
Straight-Time Pay Worked:	0		0		
Paid-Time off:	0	0	0	0	0
Vacation Pay	0		0		
Vacation Pay in Lieu:	0		0		
Holiday Pay:	0		0		
Holiday Pay in Lieu:	0		0		
Sick Leave Pay:	0		0		
Personal Leave Bank:	0		0		
Personal Leave Pay:	0		0		
Parental Leave:	0		0		
Supplemental Pay:	0		0		
Other Paid Leave Pay:	0		0		
Overtime Pay:	0	0	0	0	0

<u>Straight Time Portion:</u>	0		0	0	
<u>Premium Portion:</u>	0		0	0	
Types of Expenditure	Total	Bargaining	Total Nonbarg	Exempt	Non Exempt
<u>Severance Pay:</u>	0	0	0	0	0
Other Pay:	0	0	0	0	0
<u>Shift Differential:</u>	0		0		
<u>Lump Sum Payment:</u>	0		0		
<u>Performance Incentive Compensation:</u>	0		0		
<u>Cash Award:</u>	0		0		
<u>Non Performance-Based Bonuses:</u>	0		0		
<u>Facility Closing Retention Bonus:</u>	0		0		
<u>Voluntary Separation Bonus:</u>	0		0		
<u>Relocation/Housing Allowance-Direct:</u>	0		0		
<u>Relocation/Housing Allowance-Other:</u>	0		0		
<u>Remote/Isolation Pay:</u>	0		0		
<u>Hazard Duty Pay:</u>	0		0		
<u>Expatriate Allowance:</u>	0		0		
<u>Education Allowance-Pay:</u>	0		0		
<u>Other Overtime Payment:</u>	0		0		
<u>Geographic Differential Pay:</u>	0		0		
<u>Dependent Care:</u>	0		0		
<u>Miscellaneous (MISC) Compensation:</u>	0		0		

PART TWO - LEGAL REQUIRED	Total	Bargaining
Legally Required Insurance:	0	0
<u>Social Security:</u>		
<u>Other Retirement Insurance:</u>		
Unemployment:	0	0
<u>Unemployment - Federal:</u>		
<u>Unemployment - State:</u>		
Occupational Injury & Illness:	0	0
<u>Workers' Compensation:</u>		
<u>Benefits Under EEOICPA - Subtitle D:</u>		
<u>Other Legacy Benefits / Health Studies:</u>		
Other Legally Required Insurance:		

PART TWO LIFE/DEATH	Total	Bargaining
Life/Death Benefits:	0	0
<u>Life Insurance:</u>		
<u>Death Benefits:</u>		

PART TWO - MEDICAL	Total	Bargaining
Medical/Medically Related:	0	0
_Insured Active Medical - Including Prescription Drugs:		
_Self-Insured Active Medical - Including Prescription Drugs:		
_Dental Active:		
_Vision Active:		
_Misc. Medical Active:		
_Insured Retiree Medical - Including Prescription Drugs:		
_Self-Insured Retiree Medical - Including Prescription Drugs:		
_Dental-Retiree:		
_Vision Retiree:		
_Misc. Medical-Retiree:		
_Short-Term Disability:		
_Long-Term Disability:		
_Displaced Worker:		
PART TWO - RETIREMENT	Total	Bargaining
Retirement:	0	0
_Defined Contribution, Employer Contribution:		
_Defined Benefit, Employer Contribution:		
_Disbursements:		
_Expenses:		
PART TWO - OTHER	Total	Bargaining
Other:	0	0
_Vacation/Holiday Funds:		
_Dependent Care:		
_Employee Assistance Program:		
_Misc. Benefits:		

PART THREE - PAID HOURS	Total	Bargaining	Total Nonbarg	Exempt	Non Exempt
Paid Hours	0	0	0	0	0
_Straight Hours	0		0		
_Overtime Hours	0		0		
_Premium Hours	0		0		
_Vacation Hours	0		0		
_Holiday Hours	0		0		
_Sick Leave Hours	0		0		
_Personal Leave Bank Hours	0		0		
_Personal Leave Hours	0		0		
_Other Paid Leave Hours	0		0		
_Average Hours per Week	41				

PART FOUR - HEALTH CARE PLANS

1. Indicate whether the employer (contractor) provides a flexible benefits program by entering a Yes or No

2. Provide the number of medical plans by category (If a type of medical plan is not provided, enter "0." This field must not be blank:

Group Indemnity Health Insurance	<input type="text"/>
Health Maintenance Organization (HMO)	<input type="text"/>
Preferred Provider Organization (PPO)	<input type="text"/>
Point of Service Plan (POS)	<input type="text"/>
Consumer Driven Health Plan (CDHP)	<input type="text"/>
Other	<input type="text"/>

3. Provide the percentage of contribution the employees required to contribute to any medical plan(s) provided by employer (contractor). Use an average percentage if contributions vary among multiple plans. Include both bargaining and nonbargaining in your average.

Percent Active Single	<input type="text"/>
Percent Active Family	<input type="text"/>

4. Provide the percentage the retirees are required to contribute to any medical Plan(s) provided by the Employer (contractor). Use an average percentage of contributions vary among multiple plans.

Percent Under 65 Retiree	<input type="text"/>
Percent 65 & Older Retiree	<input type="text"/>

5. Provide the number of retirees who are enrolled in a Retiree Medical Plan (exclude spouse and/or dependents).

Retirees in Medical Plan Under 65:	<input type="text"/>
Retirees in Medical Plans 65 and older	<input type="text"/>

PART FIVE -

[Comments:](#)

Misc. Benefits include Health Care Spending Account, Match, FMLA Salary Continuance & FMLA Illness.

[Methodology: Place Methodology Here:](#)

