

**U.S. Department of Energy
Contractor Compensation and Benefits Report (CABR)
for Calendar Year 2017**

Status: Date Submitted (DD/MM/YY)

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

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

Number of Employees	No. of Employees	Enter Number of Weeks or 52 below	
Exempt:			
Bargaining Unit:		If Contract Less than a Year Enter Start Date	
Nonexempt Nonbargaining Unit:		Start Date:	
Total Employees	0	Finish Date:	
Number of Employees Based on Hours	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 Cashed Out	0		0		
Holiday Pay:	0		0		
Holiday Pay in Lieu:	0		0		
Sick Leave Pay:	0		0		
Paid Time Off (PTO) Bank:	0		0		
Personal Leave Pay:	0		0		
Parental Leave:	0		0		
Union Steward Pay:	0		0		
Other Paid Leave Pay:	0		0		
Overtime Pay:	0	0	0	0	0
Straight Time Portion:	0		0		

Premium Portion:	0		0		
Other Overtime Payment:	0		0		
Types of Expenditure	Total	Bargaining	Total Nonbarg	Exempt	Non Exempt
Other Pay:	0	0	0	0	0
Shift Differential:	0		0		
Lump Sum Payments:	0		0		
Performance Incentive Compensation:	0		0		
Cash Awards:	0		0		
Discretionary Bonuses:	0		0		
Remote/Isolation/Expatriate Pay:	0		0		
Hazard Duty Pay:	0		0		
Miscellaneous Compensation:	0		0		

PART TWO - LEGAL REQUIRED

	Total	Bargaining	Total Nonbarg
Legally Required Insurance:	0	0	0
Social Security:			0
Other Retirement Insurance:			0
Unemployment - State and Federal:			0
Workers' Compensation:			0
Other Legally Required Insurance:			0

PART TWO LIFE/DEATH

	Total	Bargaining	Total Nonbarg
Life/Death Benefits:	0	0	0
Life Insurance for Active Employees:			0
Death Benefits for Active Employees:			0
Life Insurance for Retirees:			0
Death Benefits for Retirees:			0

PART TWO - MEDICAL	Total	Bargaining	Total Nonbarg
Medical/Medically Related:	0	0	0
<u>Insured Active Medical - Including Prescription Drugs:</u>			0
<u>Self-Insured Active Medical - Including Prescription Drugs:</u>			0
<u>Dental Active:</u>			0
<u>Vision Active:</u>			0
<u>HSAs Active:</u>			0
<u>HRAs Active:</u>			0
<u>Misc. Medical Active:</u>			0
<u>Insured Retiree Medical - Including Prescription Drugs:</u>			0
<u>Self-Insured Ret. Med. - Including Prescription Drugs:</u>			0
<u>Dental-Retiree:</u>			0
<u>Vision Retiree:</u>			0
<u>HSAs Retirees:</u>			0
<u>HRAs Retirees:</u>			0
<u>Misc. Medical-Retiree:</u>			0
<u>Short-Term Disability:</u>			0
<u>Long-Term Disability:</u>			0
<u>Displaced Worker:</u>			0

PART TWO - RETIREMENT	Total	Bargaining	Total Nonbarg
Retirement:	0	0	0
<u>Defined Contribution, Employer Contribution:</u>			0
<u>Defined Benefit, Employer Contribution:</u>			0
<u>Pay-As-You-Go Plan Disbursements:</u>			0
<u>Retirement Plan Expenses:</u>			0

PART TWO - OTHER	Total	Bargaining	Total Nonbarg
Other:	0	0	0
<u>Dependent Care:</u>			0
<u>Employee Assistance Program:</u>			0
<u>Education Allowance Benefits:</u>			0
<u>Relocation Expenses/Housing Allowances:</u>			0
<u>Severance Packages:</u>			0
<u>FMLA Benefits</u>			0
<u>Meal Allowances:</u>			0
<u>Miscellaneous Benefits:</u>			0

PART THREE - PAID HOURS	Total	Bargaining	Total Nonbarg	Exempt	Non Exempt
Paid Hours	0	0	0	0	0
<u>Straight Hours</u>	0		0		
<u>Overtime Hours</u>	0		0		
<u>Premium Hours</u>	0		0		

<u>Vacation Hours</u>	0		0		
<u>Vacation Hours Cashed Out</u>	0		0		
<u>Holiday Hours</u>	0		0		
<u>Holiday Hours in Lieu</u>	0		0		
<u>Sick Leave Hours</u>	0		0		
<u>Paid Time Off (PTO) Bank Hours</u>	0		0		
<u>Personal Leave Hours</u>	0		0		
<u>Parental Leave Hours</u>	0		0		
<u>Union Steward Time Hours</u>	0		0		
<u>Other Paid Leave Hours</u>	0		0		

PART FOUR - HEALTH CARE PLANS

1. 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	
Health Maintenance Organization (HMO)	
Preferred Provider Organization (PPO)	
Point of Service Plan (POS)	
Consumer Driven Health Plan (CDHP)	
Other	

2. 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.

<u>Percent Active Single</u>	
<u>Percent Active Single Plus One</u>	
<u>Percent Active Family</u>	

3. 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.

<u>Percent Under Medicare Retirement Age - Retirees</u>	
<u>Percent At or Over Medicare Retirement Age - Retirees</u>	

4. Provide the number of retirees who are enrolled in a Retiree Medical Plan (exclude spouses and/or dependents). Include surviving spouses and surviving eligible domestic partners. Include any retirees receiving a stipend only.

<u>Retirees in Medical Plans not Covered by Medicare</u>	
<u>Retirees in Medical Plans Covered by Medicare</u>	

5. Retiree Medical Stipend Amount

<u>Stipend Amount for Retirees Covered by Medicare</u>	
<u>Stipend Amount for Spouses Covered by Medicare</u>	

6. Retiree Medical Stipend Participation

Number of Participating Retirees Covered by Medicare

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Number of Participating Spouses Covered by Medicare

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PART FIVE -

Comments:

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Methodology if Different than in the Instructions:

