

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

O.M.B. NO. 1660-0017
Expires July 31, 2016

APPLICANT'S BENEFITS CALCULATION WORKSHEET

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

| | |
|-----------|---------|
| APPLICANT | PA ID # |
|-----------|---------|

| | |
|----------|-----------|
| DISASTER | PROJECT # |
|----------|-----------|

| FRINGE BENEFITS (by %) | REGULAR 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 | | |

COMMENTS

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

| | | |
|------|-------|------|
| NAME | TITLE | DATE |
|------|-------|------|