

EMPLOYEE'S NAME: _____

DATES COVERED: _____

PREPARED BY: _____

CURRENT ANNUAL BASE SALARY: \$ _____ INCLUDES: Vacation _____ days
 Holidays _____ days

ADDITIONAL COMPENSATION ITEMS:

- Auto Allowance: \$ _____
- Cellphone: \$ _____
- Education: \$ _____
- Bonus: \$ _____
- Insurances: \$ _____

EMPLOYER TAX CONTRIBUTIONS:

- 6.2% Social Security Tax: \$ _____
- 1.45% Medicare Tax: \$ _____
- 1.8% Unemployment Tax: \$ _____
- Worker's Compensation: \$ _____

OTHER: (UNIFORMS, MEMBERSHIPS, ETC..)

- Specify: _____ \$ _____
- Specify: _____ \$ _____
- Specify: _____ \$ _____

TOTALS: SALARY: \$ _____
ADDITIONAL: \$ _____
TAX: \$ _____

FOR EMPLOYER USE ONLY: (Noted below any changes and effective dates of changes)

AUTHORIZED BY: _____ DATE: _____