

LAY EMPLOYEE EXTRA SALARY COMPENSATION WORKSHEET

EMPLOYEE: _____ DATE: _____

PRIMARY PLACE OF EMPLOYMENT: _____

LOCATION AND CITY WHERE WORK PERFORMED: _____

TYPE OF WORK PERFORMED: _____

EXTRA SALARY COMPENSATION/FEE: Amount \$ _____ **(A)**

EMPLOYER CHARGES			
			NO
PENSION 401(k) ELIGIBLE	2.5%		<input type="checkbox"/>
	4%		
EMPLOYER FICA WORKERS COMPENSATION IF NON-TEACHER IF TEACHER UNEMPLOYMENT LTD	7.65%		
	1.73%		
	.87%		
	.25%		
	.225%		
		TIMES SALARY/FEE ABOVE	
TOTAL EMPLOYMENT CHARGES	%	(B) \$	

TOTAL DUE PRIMARY EMPLOYER: \$ _____

(A) + (B)

DEFINITION: **(B)** equals total employment charges % times extra salary compensation/fee.

Example:	Extra Salary	\$200.00
	Total Percent	16.35%
	Total Employment Charges	\$ 32.70
	Total Due Primary Employer	\$232.70