

CONFIDENTIAL

TOTAL COMPENSATION PACKAGE

Based on Fiscal/School Year: July/August 1, _____ – June/July 30/31, _____ (circle applicable)

Employee Name: _____ Exempt/Non-Exempt _____

School/Current Position: _____ Contract required: Y or N
(circle one)

List Scheduled Days Per Wk: _____ # Days Per Yr. _____ # Hrs. Per Day _____
M, T, W, Th, F

Approximate:

Annual Pay: (\$ _____ hr.) and (\$ _____ day) \$ _____

FICA: provided \$ _____

Workers' Comp: provided \$ _____

Defined Contrib Plan: Employer pays approx. \$ _____

Health/Dental (contributory); Life/AD&D; LTD \$ _____ *

* Ins. premiums may change upon renewal

Total: \$ _____

Paid Medical Leave: 10 days (unused days may accumulate to 30;
3 days may be used for personal leave.)

F.M.L.A.: Provided in accord with the law

Paid Bereavement Leave: 3 days/ immediate family; 1 day/ non-immediate family

Paid Jury Leave: Employee retains jury compensation

Prepared by _____ APPROVED BY _____
Initials Principal Date

Distribution: White – Employee Pink – Diocesan Department of Financial Services
Blue – School Buff – Diocesan Office of Catholic Schools

Exempt employees salary rate: paid monthly annual ÷ 12 = _____ paid bi-weekly ÷ 26 = _____