

SALARY COST TRANSFER WORKSHEET

1. NAME _____

2. SOCIAL SECURITY NUMBER _____

3. PAY PLAN _____

EMPLOYEE BENEFITS OBJECT CLASS (12)												
PAY PERIOD ENDING (4)	BASE PAY O/C (11) (5)	PREMIUM PAY O/C (11) (6)	CSRS RETIREMENT (7)	HB 1 (8)	GLI (9)	FICA MEDICARE (10)	OASDI FERS (11)	FERS RETIREMENT (12)	TSP (1%) (13)	TSP MATCH (14)	TSP FIDUCIARY (15)	MISC COLA AWARD (16)
TOTAL BY COST ELEMENT			020	021	022	023	041	042	043	044	045	

REMARKS _____