

Employee Hourly Rate with Benefits

INSTRUCTIONS: For each employee that your organization is requesting payroll reimbursement on the Request for Reimbursement (RFR) Form, please enter his/her normal hourly rate with benefits. If applicable, please also enter a second and separate listing for that same employee's overtime hourly rate by listing the regular pay under "Hourly Pay" **and** "1/2 Time" in the column so labeled. Therefore, the overtime total should be the only total to include both the employee's 1/2 time and hourly rates; always include his/her benefits. Submit an updated form every time a listed employee's hourly pay changes.

Applicant Organization:

XYZ County

Effective Date:

3/21/2011

Title	Name	Hourly Rate	1/2 Time	FICA	Medicare	State Retired	Workers' Comp.	Other	1/2 Time w/Benefits (if applicable)
Deputy Sheriff	Jane Doe	24.03		1.49	0.35		0.05		\$25.92
Deputy Sheriff	Jane Doe	24.03	12.02	0.75	0.17		0.03		\$37.00
Teacher	John Doe	17.50		1.09	0.25		0.04		\$18.88
Teacher	John Doe	17.50	8.75	0.54	0.13		0.02		\$26.94
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