

TOTAL COMPENSATION CALCULATION SPREADSHEET

ITEM	DESCRIPTION	EMPLOYER CONTRIBUTION	EMPLOYEE CONTRIBUTION
COMPENSATION & ASSOCIATED CONTRIBUTIONS			
	Wage/Salary		
	Social Security		
	Medicare		
	Unemployment Insurance		
	Workers Compensation		
INSURANCE BENEFITS			
	Health Insurance		
	Dental Insurance		
	Vision Insurance		
	Wellness Benefits Cost		
	Life Insurance		
	Short Term Disability Insurance		
	Long Term Disability Insurance		
	Accident Insurance		
	Health Savings Account		
	Employee Assistance Plan		
	Section 125 Plan Savings		
RETIREMENT BENEFITS			
	Retirement Plan		
PAID TIME OFF			
	Paid Vacation Time		
	Paid Personal Time		
	Paid Sick Time		
	Paid Floating Holiday/Birthday		
	Paid Other Leave <i>(Bereavement, Parental, Jury, etc.)</i>		
OTHER BENEFITS			
	Flexible Spending Savings		
	Recertification Fee		
	Continuing Medical Education <i>(CME)</i>		
	Tuition Reimbursement Plan		
	Health Club Discount		
	Cell Phone Discount Program		
	Uniform Allowance		

TOTAL