FY 2020 FRINGE BENEFITS WORKSHEET [Form #2]

	TO WORK	<u>[</u> .	o				
Fund/Department Name:			Fund No.				
Personal Services - Salaries and Wages:							
			Total Est. Salary Costs	Account No.			
Permanent Full-Time (PFT):							
Total Estimate FY 2020 Salary Need ~ Department Head			\$0.00	01000			
Total Estimate FY 2020 Salary Need ~ All Other Permanent Full-	Time I: PFT Salaries		\$84,657.00	01100			
Other Salaries:	i: Pr i Salaries		\$84,657.00				
Total Estimate FY 2020 Salary Need ~ PPT/WAE			\$0.00	01104			
Total:	Other Salaries		\$0.00				
Operating Cost	Operating Cost ~ Fringe Benefits:						
	<u>Annual</u>						
	<u>Salary</u>	<u>Annual</u>	Total Est.				
<u>FICA</u>	<u>Amount</u>	<u>Rate</u>	<u>Costs</u>	Account No.			
Total Permanent Full-Time (PFT) Salaries	\$84,657.00	0.0765	\$6,476.26	02100			
Total Permanent Part-Time/WAE (PPT/WAE) Salaries	\$0.00	0.0765	\$0.00 \$6,476.26				
	4 - 5	Annual					
Medical Insurance	# of Employees	Annual Rate	Total Est. Costs	Account No.			
Employee Only	1	\$6,397	\$6,397.20	02300			
Employee only Employee plus One Minor	0	\$9,287	\$0.00	02000			
Employee plus Family	0	\$16,038	\$0.00				
			\$6,397.20				
	<u>Annual</u>						
I :fo Income no	<u>Salary</u> Amount	Annual Rate	Total Est.	Account No.			
<u>Life Insurance</u> Total Permanent Full-Time (PFT) Salaries	\$84,657.00	0.0131	\$1,109.01	02400			
Total Termanent Turi Time (TTT) Satures	ψο 1,05 7.00	0.0131	ψ1,105.01	02100			
	<u>Annual</u>						
	<u>Salary</u>	<u>Annual</u>	Total Est.				
VRS Contribution	<u>Amount</u>	Rate	<u>Costs</u>	Account No.			
Total Permanent Full-Time (PFT) Salaries	\$84,657.00	0.1633	\$13,824.49	02210			
	<u>Annual</u>						
	Salary	<u>Annual</u>	Total Est.				
Hampton Long-Term Disability Insurance*	Amount	<u>Rate</u>	Costs	Account No.			
Total Permanent Full-Time (PFT) Salaries	\$0.00	0.0059	\$0.00	02450			
*for Hybrid Program Only-New Hires January 1, 2014 and after excluding Public Safety employees.							
	<u>Annual</u>						
	<u>Salary</u>	<u>Annual</u>	Total Est.				
HERS Contribution*	<u>Amount</u>	<u>Rate</u>	<u>Costs</u>	Account No.			
Total HERS Salaries	\$0.00	2.4800	\$0.00	02220			
HERS Salaries	Total Salary						
Participant's Name	\$0.00	*Please No	ote: Due to	the high level of			
" " "	0.00			oluntary Retirement			
" " "	0.00			a decreased HERS			
	0.00	· • •		nulatenously caused			
Participant's Name "	0.00	the rate to in	crease.				
Total HERS Salaries	\$0.00						