

Employee Compensation Worksheet

Name _____

Date _____

Current Compensation _____	New Compensation _____
A. Cash Compensation Annual salary \$ _____ Hourly/daily \$ _____	A. Cash Compensation Annual salary \$ _____ Hourly/daily \$ _____
B. Value of Paid Time Off Sick \$ _____ Vacation \$ _____ Holidays \$ _____ Other \$ _____	B. Value of Paid Time Off Sick \$ _____ Vacation \$ _____ Holidays \$ _____ Other \$ _____
C. Value of Staff Benefits Pension \$ _____ Health insurance \$ _____ Dental care \$ _____ Uniform \$ _____ Continuing education \$ _____	C. Value of Staff Benefits Pension \$ _____ Health insurance \$ _____ Dental care \$ _____ Uniform \$ _____ Continuing education \$ _____
D. Value of Employer Paid Benefits Social security \$ _____ Workers' compensation \$ _____	D. Employer Paid Benefits Social security \$ _____ Workers' compensation \$ _____
Total Value of Benefits (B + C + D) Per Year \$ _____ Per Hour/Day \$ _____	Total Value of Benefits (B + C + D) Per Year \$ _____ Per Hour /Day \$ _____
Total Compensation (cash + total benefits) Per Year \$ _____ Per Hour/Day \$ _____	Total Compensation (cash + total benefits) Per Year \$ _____ Per Hour/Day \$ _____