

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
APPLICANT'S BENEFITS CALCULATION WORKSHEET

PAGE [] OF []

O.M.B. No. 1660-0017
 Expires October 31, 2008

APPLICANT
 []

PA ID
 []

DISASTER
 []

PROJECT NO.
 []

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS	[]	[]
VACATION LEAVE	[]	[]
SICK LEAVE	[]	[]
SOCIAL SECURITY	[]	[]
MEDICARE	[]	[]
UNEMPLOYMENT	[]	[]
WORKER'S COMP.	[]	[]
RETIREMENT	[]	[]
HEALTH BENEFITS	[]	[]
LIFE INS. BENEFITS	[]	[]
OTHER	[]	[]
TOTAL in % of annual salary	[]	[]

COMMENTS: []

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE

AVAILABLE		
CERTIFIED BY:	TITLE [REDACTED]	DATE [REDACTED]

FEMA Form 90-128, FEB 06

PREVIOUS EDITION OBSOLETE