

2024/2025 FISCAL YEAR

Position Title: Employee Name (If Known): Time Period of Position: Salary Level (AA,A,B,C,D,E,F) Date Cost Calculated:			Insurance Code Explanations: 1-Single With Medical Insurance 2-2 Dependents with Medical Insurance 3-3 or more dependents with Medical Insurance 4-Single with No Medical Insurance 5-2 Dependents with No Medical Insurance 6-3 or more dependents with no Medical Insurance		
Enter Following Information:			Insurance Rates:		
	Current Year	Next Year		Single	Married No Children Married W/Children
Rate #1:	33.8034				
Rate #2:					
Hours-Rate #1:	2080.000				
Hours-Rate #2:					
Overtime Hours-Rate #1:					
Overtime Hours-Rate #2:					
Premium Time Rate:	0.0000	0.0000			
Longevity Rate:	0.0000	0.0000			
Retirement Rate:	0.0800	0.0800	Sheriff .1		
Social Security Rate:	0.0765	0.0765			
Workers Comp Rate:	0.0011	0.0011	See W/C		
Unemployment Rate:	0.0020	0.0020	Rates Tab		
Retiree Health Notional	\$50				
Insurance Status (See Code)	2				
# of Months of Insurance:	12				
Notional Pay Periods	26				
			Average Life Health Insurance: 660		