

COMMISSIONED WORKER COMPENSATION WORKSHEET

Name: _____

Fiscal Year: _____

Wages adjustments will begin on: _____

Check date that reflects changes: _____

For questions contact: _____

Previous Salary _____

The following provides information about wages and benefits.

1. Salary

- A. District Base Salary x Multiplier = Salary (See section 1.2) _____
- B. Local Economic Adjustment (See Section 1.7) _____
- C. Total Base Salary (A x B) _____
- D. Additional Compensation Factor (See Section 1.4 & 1.6) _____
- E. Total Additional Compensation (D x \$48,713 x B) _____
- F. Total Salary including additional compensation (C + E) _____

2. Other Cash Compensation (not part of normal job responsibilities)

G. Subtotal Cash Compensation _____

3. Total Salary and Other Compensation (F + G) _____

4. Reduction for parsonage/teacherage (_____)

5. Salary less parsonage/teacherage _____

6. Benefits provided (not included above)

- a. Concordia Health Plan (CHP) _____
- b. Concordia Disability Survivor Plan (CDSP) _____
- c. Concordia Retirement Plan (CRP) _____
- d. Concordia Retirement Savings Plan (CRSP) _____
- e. Employee Share of CHP (_____)

7. Total Employer Paid Benefits _____

Total Salary, Other Compensations, and Benefit Package: (Line 5 + Line 7) _____

Employer is exempt from unemployment taxes and worker is not eligible to claim benefits.