**Employee benefit package summary**

Employee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of hire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Compensation:**

Hourly wage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual compensation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefits:**

Employer paid Medicare and Social Security taxes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid health insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profit-sharing contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid time off \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid holidays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total compensation with benefits\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Does not reflect bonuses, gifts or overtime.