PROPOSED FULL TIME PERSONNEL SCHEDULE

Please complete each column for all full time employees.

A	B	C	D	E	F
Employee Name (*Lastname,FirstInitial)*	**Position Title**	**Actual Salary Per Pay Period** *(Indollars and cents)*	**Percent ofTime Charged to HOME-ARP**	**Number of Pay Periods**	(C*D*E) **HOME-ARP Share** *(Rounded to whole dollars)*

Pay Period is: _____

(Weekly, Bi-weekly, Semi-monthly, Monthly)

Salaries-Full Time Employees: _____

Per Performance Employees: _____

Salary Subtotal: _____

FICA: _____

Health Insurance: _____

Life Insurance: _____

Dental Insurance: _____

Retirement: _____

MO Unemployment: _____

Worker's Compensation: _____

Other-Specify: _____

TOTAL: _____