

Texas Department of Housing and Community Affairs

Colonia Self-Help Center Program



Personnel Cost Calculation

County: _____	Contract Number: _____
Employee Name: _____	Employee ID No.: _____
Job Title/Position: _____	Salaried: <input type="checkbox"/> Hourly: <input type="checkbox"/>

1. Select Method A or B:

A. Hourly wage \$ _____ X Hours¹ _____ \$ _____

B. Annual Salary _____ \$ _____

- | | |
|---|----------|
| 2. Employer portion of FICA (_____ percent x salary up to \$ _____) | \$ _____ |
| 3. Employer portion of retirement (_____ percent x salary) | \$ _____ |
| 4. Worker's Compensation | \$ _____ |
| 5. Unemployment Insurance | \$ _____ |
| 6. Insurance contribution by employer | \$ _____ |
| 7. TOTAL ANNUAL COMPENSATION | \$ _____ |

- | | |
|---|-------|
| 8. Hours per year (hrs. per week _____ x 52 weeks) | _____ |
| 9. LESS Vacation time earned (days x hrs per workday) | _____ |
| 10. LESS Holiday time allowed (days x hrs per workday) | _____ |
| 11. LESS estimated Sick leave ² (days x hrs per workday) | _____ |
| 12. LESS other leave time (in hours) | _____ |
| 13. ANNUAL WORKING HOURS (Line 8 minus lines 9 through 12) | _____ |

ADJUSTED HOURLY RATE: (LINE 7 DIVIDED BY LINE 13) \$ _____

Completed by: _____ Approved by: _____

1 Number of hours equals hours in work week times 52 weeks.

2 Estimated hours to be taken, not actual accrued. Unused hours generally paid at separation.