

Prepared for: _____

Full-time Employment Date: _____ Part-time Employment Date: _____

This statement is a summary of the various forms of compensation you will receive as a full-time staff member. Please contact the Hospital Administrator if you require additional information about your compensation.

	Monthly Value to You	Hospital's Monthly Cost	Hospital's Annual Cost
Wages Your monthly salary effective _____	\$	\$	\$
Pension Plan ABC Animal Hospital contributes to a pension plan for full-time employees after 6 months' employment, before the January 1 st anniversary of the Plan	\$	\$	\$
Medical Insurance For yourself (annual \$20,000 deductible) and for your dependents (if option selected)	\$	\$	\$
Life Insurance and Accidental Death and Dismemberment Insurance	\$	\$	\$
Medical Supplemental Payment Annually By Corporation Pays up to \$500 annual medical expense to cover the 20% not covered above.	\$	\$	\$
Social Security Retirement, disability income and Medicare. You and the Corporation each contribute \$ _____ of your earnings (up to \$32,400 per year)	\$	\$	\$
Workman's Compensation Disability income and medical care for work-related injuries.	\$	\$	\$
State Unemployment Insurance 0.035% of \$7,000	\$	\$	\$
Federal Unemployment Insurance 0.008% of \$7,000	\$	\$	\$
Paid Vacations 1 st year: you are eligible for _____ days of paid vacation per year after 12 months employment. Vacation days are not cumulative. 2 nd year: you are eligible for _____ days of paid vacation per year after 24 months employment (non-cumulative).	\$	\$	\$
Paid Holidays You are paid for the equivalent of 6 1/2 holidays per year.	\$	\$	\$
Parking Costs (If Applicable)	\$	\$	\$
Bonus/Profit-Sharing Plan The bonus plan of this Corporation is declared by the Officers of the Corporation and is based <i>solely</i> on the performance, attendance and dedication of each employee. Your conscientious performance increases the income and cash flow of this Corporation; therefore, a bonus is declared for good productivity. (Employees who have worked less than 6 months are not eligible)	\$	\$	\$
Sick Leave You are allowed 10 days of sick leave annually (non-cumulative). You were charged with _____ days of sick leave during _____.	\$	\$	\$
Other Fringe Benefits: <ul style="list-style-type: none"> <input type="checkbox"/> Meals <input type="checkbox"/> Uniforms furnished and laundered <input type="checkbox"/> 25% discount on all veterinary services <input type="checkbox"/> Permission to purchase discounted veterinary services on credit <input type="checkbox"/> Permission to exchange afternoons off <input type="checkbox"/> Permission to make and receive personal calls and visitors 	\$	\$	\$
Estimated Total Monthly Compensation:			\$
Estimated Total Annual Compensation:			\$