***EMPLOYEE BENEFIT STATEMENT*** cid:image002.gif@01C74E97.D820E090

Staff Name

Staff Identification Number

Location

Month

+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

**(A) CASH COMPENSATION Amount Amount**

Allowance 1 xxxxxxxx

**Total XXXXXXX**

**(B) BENEFITS**

Perdiem/Hotel Allowance xxxxxxxx

Phone Allowance xxxxxxxx

Blackberry Subscription xxxxxxxx

Confectionary Allowance xxxxxxxx

Long Service Award xxxxxxxx

Management Support

* Child allowance, xxxxxxxx
* Wedding allowance, xxxxxxxx
* Bereavement Allowance xxxxxxxx
* Relocation Entitlements xxxxxxxx

Mortgage Loan Subsidy xxxxxxxx

Child Education Subsidy xxxxxxxx

Travel Subsidy xxxxxxxx

Professional Membership xxxxxxxx

Recreation Club xxxxxxxx

**Total XXXXXXX**

**(C) EMPLOYER COST**

Pension xxxxxxxx

Group Life Insurance xxxxxxxx

Employee Compensation Fund xxxxxxxx

Training xxxxxxxx

Medical xxxxxxxx

**Total XXXXXXX**

|  |
| --- |
| **THE TOTAL VALUE OF YOUR COMPENSATION: XXXXXXXXXX** |

**Total Cost of Employment (A + B + C) XXXXXXX**