**Notice of Salary & Benefits**

|  |
| --- |
| **Employee name:** |
| **Date of hire:** |
| **Department:** |
| **Wage Rate: $ per** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEDUCTIONS PER PAYCHECK** | | | | | |
|  | Medical | $ |  | Life Insurance | $ |
|  | Dental | $ |  | LTD Insurance | $ |
|  | Vision | $ |  | STD Insurance | $ |
|  | Health FSA | $ |  | Retirement | $ |
|  | Dependent FSA | $ |  | Other | $ |
|  | Health HSA | $ |  | Garnishment | $ |
|  |  |  |  | Total Garnish Amount: | $ |
|  |  |  |  | Number of Payments: |  |
| NOTES: | | | | | |

**PAID TIME OFF**

|  |  |
| --- | --- |
| Vacation | hours per year (refer to vacation policy for details) |
| Sick | hours per year (refer to sick time policy for details) |
| Paid Holidays | * [New Year’s Day] * [Memorial Day] * [Independence Day] * [Labor Day] * [Thanksgiving Day] * [Christmas Day] |

Employee Name:

Signature: Date:

Supervisor/HR Name:

Signature: Date: