

## **Facilities Project Services**

Phone: 610-683-1332 Fax: 610-683-1324

ACTOR:		
ect Number:	Date:	
Rate Classification:		
Base Hourly Rate Actually Paid to Employee		
General Add-Ons to Base Hourly Rate		
Item Description	Unit Rate/Percent	Base Rate Ad
A. FICA (Set by State of PA)	0.0765	\$0.00
B. SUI (Set by State of PA)		\$0.00
C. FUTA (Set by State of PA)	0.008	\$0.00
D. Worker's Comp Rate (per \$100 of payroll)	**	\$0.00
E. Liability Insurance Rate (per \$1000 of pay	/roll)**	\$0.00
Total General Add-Ons to Base Ra	te	\$0.00
Other Union Add-Ons to Base Hourly Rate		
Item Description	Unit Rate/Percent	Base Rate Ad
A. Health & Welfare (per Hr. rate by union/Loc	cal)**	\$0.00
B. Other Fringes (per Hr. rate by union/Local)*	**	\$0.00
C. Other Fringes (per Hr. rate by union/Local)*	***	\$0.00
Total Union Add-Ons to Base Rate	e	\$0.00
Other non-Union Add-Ons to Base Hourly Ra	ate	
Item Description	Unit Rate/Percent	Base Rate Ad
A. Health & Welfare Benefits (per Hr. rate)*	*	\$0.00
B. Other Fringes (per Hr. rate)**		\$0.00
C. Other Fringes (per Hr. rate)**		\$0.00
D. Other Fringes (per Hr. rate)**		\$0.00
Total Non-Union Add-Ons to Base R	ate	\$0.00
Total Union Rate for this Classification		\$0.00
Total New Union Data for this Ci		<b>*</b> 0.00
Total Non-Union Rate for this Classification		\$0.00

Form FPS038 Rev 04/10

<sup>\*\*</sup> Submit Backup Documentation verifying Requested Rate(s)