

# Sample compensation statement

**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 for additional information about your compensation.*

	Monthly value to you	Hospital's monthly cost	Hospital's annual cost
<b>Wages</b> Your monthly salary effective _____			
<b>Pension plan</b> ABC Animal Hospital contributes to a pension plan for full-time employees after six months' employment, before the Jan. 1 anniversary of the plan.			
<b>Medical insurance</b> For yourself (annual \$20,000 deductible) and for your dependents (if option selected) Provider:			
<b>Life insurance and accidental death and dismemberment insurance</b>			
<b>Medical supplemental payment annually by corporation</b> Pays up to \$_____ annual expense to cover the _____% not covered above.			
<b>Social Security</b> Retirement, disability income, and Medicare. You and the corporation each contribute \$_____ of your earnings			
<b>Worker's compensation</b> Disability income and medical care for work-related injuries			
<b>State unemployment insurance</b> _____% of \$_____			
<b>Paid vacations</b> First year: You are eligible for _____ days of paid vacation a year after _____ months of employment. Vacation days are/aren't cumulative. Second year: You are eligible for _____ days of paid vacation a year after _____ months of employment. Vacation days are/aren't cumulative.			
<b>Paid holidays</b> You are paid for the equivalent of _____ holidays a year.			
<b>Continuing education \$ _____</b>			
<b>Bonus/profit-sharing plan</b> The bonus plan of this corporation is declared by the offices of the corporation and is solely based 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 six months are not eligible.) _____% of profits compared to previous year's quarter. Estimated average:			
<b>Sick leave</b> You are allowed _____ days of sick leave annually. Sick days are/aren't cumulative. You were charged with _____ days of sick leave during this year.			
<b>Other fringe benefits</b> _____% discount on all veterinary services _____ Permission to purchase veterinary services on credit or with a flexible repayment schedule			
<b>Estimated total monthly compensation:</b>			
<b>Estimated total annual compensation:</b>			