

Employee Compensation Statement

Enclosed is a personalized Statement prepared specifically for you. This statement shows the contributions made by GWS&A toward your total compensation package. As you review this statement, you will see that the value of your benefits, added to your annual pay, produce your total compensation. The statement is designed to show how much your service is valued by us.

Employee Name _____

Date _____

Base Pay \$ _____

Other Cash Benefits \$ _____

Company Paid Benefits \$ _____

Total Compensation \$ _____

Pay	
Base Pay Total\$
Salary\$
Other Income Total\$
Holiday Bonus\$
Annual Bonus\$
Revenue Share\$
Total Compensation Package (your base pay and company-paid benefits)	
Your Base pay	+ Company Paid Benefits & Cash = Your Total Compensation
Your company-paid benefits and cash represent an additional ____% of your base pay!	

Additional Company Perks _____

Benefits	Company Contribution	Your Contribution
Insurance Benefits Total	\$	\$
Health Insurance	\$	\$
Dental Insurance	\$	\$
Short-Term Disability	\$	\$
Long-Term Disability	\$	\$
Basic Life Insurance	\$	\$
	\$	\$
Retirement Benefits Total	\$	\$
Social Security	\$	\$
Medicare	\$	\$
401(k)	\$	\$
Time Off Benefits Total	\$	\$
PTO	\$	\$
Mandated Benefits Total	\$	\$
Federal Unemployment	\$	\$
State Unemployment	\$	\$
Worker's Compensation	\$	\$
Special Benefits Total	\$	\$
Cell/PC/Technology	\$	\$
Education/Training	\$	\$
Conference/Prof Fees	\$	\$
Benefits Total	\$	\$
Your company-paid benefits represent ____% of your total benefits!		

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