

Texas Department of Housing and Community Affairs
Colonia Self Help Center Program



Personnel Cost Calculation	
County: _____	Contract Number: _____
Employee Name: _____	Employee ID No.: _____
Job Title/Position: _____	Salaried: <input type="checkbox"/> Hourly: <input type="checkbox"/>

1. Select Method A or B:

- A. Hourly wage \$ _____ X Hours¹ _____ \$ _____
- B. Annual Salary \$ _____

- 2. Employer portion of FICA (_____ percent x salary up to \$ _____) \$ _____
- 3. Employer portion of retirement (_____ percent x salary) \$ _____
- 4. Worker's Compensation \$ _____
- 5. Unemployment Insurance \$ _____
- 6. Insurance contribution by employer \$ _____
- 7. TOTAL ANNUAL COMPENSATION \$ _____

- 8. Hours per year (hrs. per week _____ x 52 weeks) _____
- 9. LESS Vacation time earned (days x hrs per workday) _____
- 10. LESS Holiday time allowed (days x hrs per workday) _____
- 11. LESS estimated Sick leave² (days x hrs per workday) _____
- 12. LESS other leave time (in hours) _____
- 13. ANNUAL WORKING HOURS (Line 8 minus lines 9 through 12) _____

ADJUSTED HOURLY RATE: (LINE 7 DIVIDED BY LINE 13) \$ _____

Completed by: _____ Approved by: _____

1 Number of hours equals hours in work week times 52 weeks.

2 Estimated hours to be taken, not actual accrued. Unused hours generally paid at separation.