

## Staff Compensation Summary Procedure

### Purpose

This explains how to complete and submit the required *Staff Compensation Summary Form* for PSESD Early Learning sub-contractors.

### Procedure

List and provide information for all employees working in the program. Follow the steps below to complete and submit the form. There is a separate form for each PSESD contracted program.

1. **Sub-recipient Information** (Sub-contractor, Address) – In the red area, enter the information asked about your Center.
2. **Personnel** – This is pre-filled and you do not need to change.
3. **Position Titles** – Do not enter names. Only enter the actual position title (Center Director, teacher, assistant teacher, etc.). Only enter staff positions that are paid all or in part by PSESD funded positions. Complete a separate form for each PSESD contracted program (ECEAP, Head Start, Head Start Expansion, Early Head Start or Early Head Start Child Care).
4. **Annual Salary** – Enter the whole salary this position is being paid by your organization, even if only part of the salary is being charged to a PSESD contracted program. For example: Family Support position works 20 hours for ECEAP and 20 hours for other, non-ECEAP duties for the Center. You would enter \$60,000.
5. **Hourly Wage** – Enter hourly wage.
6. **Annual Mandatory Benefits Cost** – Enter all taxes, unemployment, workers compensation, etc.
7. **Annual Optional Benefits Costs** – Enter any medical, dental, vision, retirement, etc.
8. **Total Salary and Benefits** – This column will calculate automatically. Do not enter in this section.
9. **Annual FTE** – Enter the total FTE this position works for the organization.
10. **Average Hours Worked Per Week** – Enter the average total hours this position works per week for the organization, regardless of what funds it is being paid from.
11. **Percentage Allocated to the Program** – Program means: ECEAP, Head Start, Head Start Expansion, Early Head Start or Early Head Start Child Care. For example, if you are filling out this form for the ECEAP Program in your organization, enter the percentage of time this position works only in your ECEAP program.
12. **Education Level** – Place an X in the appropriate column for each position for the current education level they have completed.
13. Submit to [elfiscal@psed.org](mailto:elfiscal@psed.org) in original Excel format.
14. After completing the *Staff Compensation Summary Form*, see *Budget Development Procedure*.

### Related Documents

*Budget Development Procedure*