



Kansas Division of Emergency Management
EMPG/SLA Payroll Summary

" I certify that this is a true copy of our Emergency Management Organizations's monthly payroll and percentage of time applied. I further certify this information as having been extracted from the original which, with supporting documents, are on file in the office of _____

Jurisdiction _____
 Period Covered _____

_____"
 Chief Financial Officer

Pay period	Employee Name	Position Title	Hrs/Days EM worked	Gross Earnings	EMPLOYER'S SHARE OF BENEF						TOTAL PERSONNEL	
					Social Security	Retierment	Insurance	Unempl Comp	Workers Comp	Total Benefits		
	EMPG/SLA FULL/PART TIME FUNDED STAFF											
totals												
fed share												
BENEFIT RATES					INSURANCE		WORKMEN'S COMP					
SOC SEC					UNEMPLY COMP		OTHER					
RETIREMENT												
SALARY BASE												
COMMENTS:												

KDEM FORM 15 , November 06
Gross Earnings is a total of all earnings