Attachment 3- FSMC Staffing Plan

**[FSMC to complete]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site or School | Employee Name (optional) | Job Title | Hourly Rate $ | Daily Hours | Number of Days Paid | Total Annual Wage ($) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL LABOR** |  |  |  |  |  | $ |
| Retirement |  |  |  |  |  | $ |
| Substitute Pay |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |