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 ($)  |
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| **TOTAL LABOR** |  |  |  |  |  | $ |
| Retirement |  |  |  |  |  | $ |
| Substitute Pay  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |