"sample"

AGENCY: _____ PREPARED BY: _____

FISCAL YEAR: _____ DATE: _____

ORGANIZATION-WIDE WAGE AND SALARY COST ALLOCATION PLAN

					Total Salary		Salary Eligible for State Participation														
COST CENTER	EMPLOYEE NAME	MCR Code	JOB TITLE	HOURS PER WEEK	ANNUAL RATE	SALARY PAID	ANNUAL RATE	SALARY PAID	WAGES USED FOR BUDGET	ADMIN	Cost Center A	Cost Center B	Cost Center C		Out-of-County A	Out-of-County A	Out-of-County B	Out-of-County C	Any Other Programs Charged	Grand Total	Total All Others	Total Fayette
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)														
																				$0.00		
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Totals					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Overtime																						
Grand Total					$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00