



**PERSONAL SERVICES SCHEDULE  
Cooperative Agreement Appendix 1-b**

State Form 41707 (R2 / 3-96) / FM 0900

County
Budget year

INSTRUCTIONS: Please indicate if employee is full-time or part-time for Title IV-D.

JOB TITLE	AVERAGE HRS/WEEK	FULL-TIME/ PART-TIME	CSD USE ONLY	ANNUAL SALARY	BENEFIT CODE <i>(circle)</i>
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
					A B C D E
<b>TOTAL PERSONAL SERVICES</b> <i>(Carry to Line 101 Form 901)</i>					

EMPLOYEE BENEFITS	
COUNTY CONTRIBUTIONS	TOTAL
A. Social Security contributions at _____ % <i>(Carry to Line 102A - Form 901)</i>	
B. Retirement contributions at _____ % <i>(Carry to Line 102B - Form 901)</i>	
C. Group Insurance <i>(explain below)</i> . . . . . <i>(Carry to Line 102C - Form 901)</i>	
D. Unemployment Insurance _____ % <i>(Maximum \$ _____ / empl.)</i> <i>(Carry to Line 102D - Form 901)</i>	
E. Other <i>(specify)</i> . . . . . <i>(Carry to Line 102E - Form 901)</i>	
<b>TOTAL EMPLOYEE BENEFITS</b> <i>(Carry to Line 102 - Form 901)</i>	

Comments