STATE OF HAWAII		PAGE _____ of _____
APPLICANT'S BENEFITS CALCULATION WORKSHEET		
1. DEPARTMENT/DIVISION		2. PA ID
3. DATE OF LOSS:		4. PW #
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKERS' COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
TOTAL in % of annual salary		
COMMENTS:		
I CERTIFY THAT THE INFORMATION WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER		
DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.		
CERTIFIED BY:	TITLE	DATE