

Exhibit L – Wage Rate Survey (Non-Ag)

**WAGE RATE SURVEY
FRINGE BENEFIT ANALYSIS**

<u>DESCRIPTION</u>	<u>EXISTING (not including owners)</u>	<u>3RD YEAR (newly created jobs only)</u>
Total Annual Payroll (For <u>Full Time</u> Employees – Do Not Include Benefits)	_____	_____
 Fringe or Voluntary Costs For The Year Paid By The Company excluding Social Security, Workers' Compensation and Unemployed Compensation (For <u>Full Time</u> Employees): Group Life Insurance, Profit Sharing Contribution, Sick Days, Medical/Dental Insurance, Rest Periods, Holidays, Retirement Plan Contributions, Vacation, Bonus Payouts, Child Care, Other Fringe Costs (Safety Shoes, Education, Bereavement, etc.)		

Total Fringe or Voluntary Costs:	\$ _____	\$ _____
% Benefit:	_____ %	_____ %
(Total Fringe or Voluntary Costs/Total Annual Payroll)		

Company Name: _____