DOE F 3220.4A (8-87) Replaces DOE F 3230.4a (All other editions are obsolete)

REPORT OF CONTRACTOR EXPENDITURES FOR EMPLOYEE SUPPLEMENTARY COMPENSATION PART I

FIELD OFFICE	REPORTING PERIOD (CALENDAR YEAR) CONTRACTOR
LOCATION	SIGNATURE OF PERSON MAKING REPORT
INPUT ID	1 5 5 3
ACTION CODE	
CONTRACTOR FACILITY CODE	5 EMPLOYEE CATEGORY
REPORT PERIOD (YYMM)	12 1 2
EMPLOYEE CATEGORY CODE	16 1. EXEMPT
NO. OF EMPLOYEES	17 NON-EXEMPT
GROSS PAY	23
SPECIAL DEFERRED COMPENSATION	34 NON-EXEMPT
TOTAL BASE PAYROLL	41 3. NON-EXEMPT
OVERTIME PAY – STRAIGHT TIME PORTION	52 UNIT
OVERTIME PAY – PREMIUM PORTION	60
SHIFT DIFFERENTIAL	68
VACATION PAY	76
HOLIDAY PAY	85
SICK LEAVE PAY	93
OTHER PAID LEAVE PAY	101
NON-PRODUCTION BONUSES	108
SEVERANCE PAY	115
SOCIAL SECURITY – AMOUNT	124
UNEMPLOYMENT – FEDERAL	132
UNEMPLOYMENT – STATE	140
OCCUPATIONAL INJURY & ILLNESS	148
OTHER LEGALLY REQUIRED INSURANCE PROGRAMS	5 156
GROUP INSURANCE	162
RETIREMENT	171
VACATION/HOLIDAY FUNDS	180
SEVERANCE PAY PLAN	187
SAVINGS PLAN	194
OTHER WELFARE PLANS	201
TOTAL STRAIGHT HOURS	209
TOTAL PREMIUM HOURS	218
VACATION HOURS	225
HOLIDAY HOURS	233
SICK LEAVE HOURS	240
OTHER PAID LEAVE HOURS	247