**Wage Reserve Homemaker/PC Rate Calculation**

**Provider Name:** Click here to enter text.

Calculation of Average Hourly HM/PC Employee Compensation

|  |  |  |  |
| --- | --- | --- | --- |
| Base Wage | Click here to enter text. | Training Wages | Click here to enter text. |
| Travel Stipend | Click here to enter text. | Transportation Expense | Click here to enter text. |
| Holiday pay | Click here to enter text. | Bereavement Pay | Click here to enter text. |
| Sick Pay | Click here to enter text. | Annuity/Pension | Click here to enter text. |
| Personal Day Pay | Click here to enter text. | Day Care | Click here to enter text. |
| Vacation Pay | Click here to enter text. | Other (define) | Click here to enter text. |
| Health Insurance | Click here to enter text. | Other (define) | Click here to enter text. |

1. Total Hourly Average $Click here to enter text.

(May not be less than $12.00)

1. Hourly Administrative Overhead: $Click here to enter text.
2. Hourly Unit Rate: $Click here to enter text.

(Line 3 sum of lines 1 & lines 2)

Provider Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_