COMPENSATION DATA WORKSHEET

Note: - Please complete this spreadsheet for all of the position code and area of assignment combinations included in Part A of the cost report.

- Information included in this worksheet should be on file at the school district.

				Fund 27, Project 11		Not Fund 27, Project 11		Project 11		
Last Name	**First Name**	**Position Code**	**Area of Assignment**	**Salaries**	**Employee Benefits**	**Salaries**	**Employee Benefits**	**Total Salaries & Employee Benefits for Cost Report**	**Payments from Federal & Other Sources**	**Total Salaries & Employee Benefits**
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -