

Date Completed: \_\_\_\_\_

## Skill Set Analysis

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

DOH: \_\_\_\_\_

Credentials:

	Job Requires		Employees Possesses

Skill sets:

	Job requires		Employee Possesses

Conclusions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_

**Employee Cost Analysis for Fiscal Year:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

DOH: \_\_\_\_\_ Grade / Step: \_\_\_\_\_

Wage/

Benefit Info:

	Cost Per Hour
Wage:	
Social Security:	
Disability:	
Workman's Comp:	
NYS Retirement:	
Health Ins:	
Dental Ins:	
Other Ins:	
Longevity:	
Training / Credential Costs:	
Other:	
Other:	
Other:	
Total:	

Monthly Premium Example:	
Monthly Cost X 12 = Annual Cost	\$1250.00 X 12 = 15000.00
Annual Cost / Number Annual hrs = Hourly Cost	15000 / 2080 = 7.21

Annual Cost Example:	
Annual Cost / Number Annual hrs = Hourly Cost	1200 / 2080 = .58

Social Security:	
Hourly Wage X Annual Percentage	18.00 X 6.2% (.062) = 1.12

Date Completed: \_\_\_\_\_

**Work Hours Analysis: Retrospective for Time Period to \_\_\_\_\_**

Function or Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

**Non-productive Man Hours:**

Number of Hours	Reason / Justification				Comments:
	Credentials Overstaffed	Lack of Work	Equipment Failure	Unavailable Materials	
				Other:	

**Overtime / Incomplete Work:**

Overtime Hours	Reason / Justification				Comments:
	Credentials Understaffed	Under-estimated jobs	Equipment Failure	Unavailable Materials	
				Other:	

Conclusions: \_\_\_\_\_

Date Completed: \_\_\_\_\_

## Work Hours Analysis: Prospective Estimates

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

DOH: \_\_\_\_\_ Hrs/Period: \_\_\_\_\_

Recurring  
Tasks:

Task	Number of Hours

Contingencies  
(estimates):

General Tasks	Number of Hours

Conclusions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_