**Compensation Package Summary**

Today’s Date: [Date]

Date Hired: [Date]

Name: [Name]

Position: [Title]

Registered: Yes or No

Hours:Monday-Friday 7:00 am – 3:30 pm (40 hours)

Please note everything in this document is to remain confidential and not to be discussed with others at the firm or it may jeopardize the discretionary elements outlined below.

## BASE SALARY

Your base salary is **$x.**

Your salary may increase by completing mutually agreed upon education which directly contributes to your role and the growth of the overall practice. We will provide a list of appropriate educational enhancements related to your growth and enhancement, as well as indicate the amount of salary increase awarded based on successful completion of these courses.

If applicable, include additional information related to annual pay increases associated with cost-of-living increases (inflation adjustment).

## PROFIT-SHARING, BONUSES & INCENVITES

These are discretionary allocations based upon your role, performance, attitude, reliability and ultimately helping the team achieve the desired results.

## PROFIT-SHARING

This amount is determined by calculating the actual profitability of the team (revenue minus expenses) and is based on the following assumptions:

* Our Annual Business Targets for Production are met or exceeded.
* Our Client Service Standards are met or exceeded.
* Your Annual Performance is on track with the current assessment.
* Profit-Sharing is determined and paid annually when profitability is achieved.

Based on our projected profitability, we expect this to be approximately **$x** paid as follows: [indicate annual, semi-annual, quarterly].

## BONUS

At this time, you will be allocated X% of Net Revenue based on the following:

* Our Annual Business Targets for Production are met or exceeded.
* Our Client Service Standards continue to be met or exceeded.
* We don’t experience any extraordinary expenses which are significant.
* Your Annual Performance is on track with the current assessment; and
* The Performance & Contribution Pay is determined and paid monthly/quarterly.

Based on our projected profitability revenue we expect this to be approximately **$x** paid as follows: [indicate quarterly or monthly].

## INCENTIVES

Based on incentives we expect this to be approximately **$x** paid when incentive criteria are achieved.

**The total estimated value of the annual monetary portion of your compensation is as follows:**

**$**

**BENEFITS PACKAGE**

Your benefits package is comprised of the following components:

* Paid Time Off
* Healthcare, Insurance, Retirement & Other

The specific aspects of your benefits package are contained on the following page.

**The total estimated value of the benefits portion of your compensation is as follows:**

**$**

## BENEFITS PACKAGE SUMMARY

|  |  |
| --- | --- |
| **TIME OFF**  | **ELIGIBLE** |
|  Annual Paid Holidays – X Days |  |
|  Statutory Paid Holidays – X Days |  |
|  Other – Sick Days, Flex Time, etc. |  |
| **HEALTH BENEFITS** |  |
|  Medical Care |  |
|  Dental Plan |  |
|  Eye Care  |  |
|  Other |  |
| **INSURANCE BENEFITS** |  |
|  Life Insurance |  |
|  Disability Insurance |  |
|  Long-Term Care |  |
| **RETIREMENT SAVINGS** |  |
|  Retirement Matching Program |  |
|  Other  |  |
| **OTHER BENEFITS** |  |
|  Gym Membership |  |
|  Parking Provided |  |
|  Flexible Working Arrangements  |  |
|  Expense Account |  |
|  Childcare  |  |
|  Other |  |