



**APPENDIX  
FINAL STAFFING REPORT**

**SERVICE PROVIDER:**

\_\_\_\_\_

**REPORT DETAILS FOR THE PERIOD:**

**PROGRAM NAME:**

\_\_\_\_\_ to \_\_\_\_\_  
*Month, Year*                      *Month, Year*

\_\_\_\_\_

Job Title	Total Paid Hours	Annual Total Salary	Total Salary & Benefits
	<i>Total full-time hours per year</i>	<i>Wages Only</i>	<i>Wages + Benefits(CPP,EI,Group Benefits,Pension, etc.)</i>
<b>TOTAL</b>			<b>TOTAL</b>
<b>ADD WORKER'S COMPENSATION FOR THE COST CENTER:</b>			
<b>ADD PAYROLL TAX**:</b>			
<b>TOTAL SALARY AND BENEFITS***:</b>			

\*\* Please see the following link for more details if applicable: <http://www.gov.mb.ca/finance/taxation/taxes/payroll.html>  
 \*\*\* Total salary & benefit costs must agree with figure(s) shown in the payroll records.