# Fringe Benefits Selected Plan Summary

**Start Date:** 07/01/2017 **End Date:** 08/01/2017

**Plan:** Name of plan or description

| Employee ID | Employee Name | RT Hrs | OT Hrs | ST Hrs | Total Amount |
|---|---|---|---|---|---|
| Jane Doe | Jane Doe | 80.00 | 4.00 | 0.00 | $840.00 |
| Johnny Doe | Johnny Doe | 0.00 | 6.00 | 0.00 | $60.00 |
| McLure Robert | Robert McLure | 40.00 | 0.00 | 0.00 | $400.00 |
| Robert Clearwater | Robert Clearwater | 40.00 | 0.00 | 0.00 | $400.00 |
| Smith Roger | Roger L Smith | 0.00 | 0.00 | 0.00 | $0.00 |
| Susan Anthony | Susan Anthony | 40.00 | 6.00 | 0.00 | $460.00 |
| Tom Jones | Tom Jones | 40.00 | 0.00 | 0.00 | $400.00 |
| | **Grand Totals:** | 240.00 | 16.00 | 0.00 | $2,560.00 |