

**2008 SALARY SURVEY**  
**for the**  
**AGREEMENT FOR LOCAL GOVERNMENT FIRE SUPPRESSION ASSISTANCE TO**  
**FOREST AGENCIES**  
**(California Fire Assistance Agreement)**

Please complete and/or correct this salary survey information sheet (all fields on this form that pertain to your agency are required or survey may be returned due to lack of information). Return your completed survey as soon as possible to:

**OES Fire and Rescue Branch**  
**Attn: Reimbursement Section**  
**3650 Shriever Avenue**  
**Mather, CA 95655**

**or**

**Fax:**  
**(916) 845-8396**

\* To ensure our receipt of your salary survey, we suggest you mail it to us "Certified with Return Receipt Requested" \*

<b>Agency 3-Letter MACS ID:</b>	
<b>Agency/Department Name:</b>	
<b>Chief's Name:</b>	
<b>Mail:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone Number:</b>	
<b>FAX Number:</b>	
<b>*E-mail address:</b>	

\* E-mail is for individual responsible for reviewing and processing salary survey and invoices.

All information provided on this form is subject to audit by the Forest Agencies signatory to the California Fire Assistance Agreement.

Please provide the hourly "Average Actual Rate", for each classification used by your agency that is reflected in the chart below. Instructions for calculating the "Average Actual Rate" are provided in the "Instructions", included with this document.

<b>Classification Title</b>	<b>Current Rate on file as of: 08/01/07</b>	<b>Avg. actual rate (Straight Time) as of:</b>	<b>Above Battalion Chief w/ a local agreement for OT (MOA/MOU)</b>
<b>Chief</b> <b>Base Rate = \$13.66</b>	<b>\$13.66</b> /per Hour	/per Hour	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Deputy Chief</b> <b>Base Rate = \$13.66</b>	<b>\$13.66</b> /per Hour	/per Hour	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Division Chief</b> <b>Base Rate = \$13.66</b>	<b>\$13.66</b> /per Hour	/per Hour	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Assistant Chief</b> <b>Base Rate = \$13.66</b>	<b>\$13.66</b> /per Hour	/per Hour	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Battalion Chief</b> <b>Base Rate = \$13.66</b>	<b>\$13.66</b> /per Hour	/per Hour	
<b>Co. Officer/Capt./Lt.</b> <b>Base Rate = \$11.10</b>	<b>\$11.10</b> /per Hour	/per Hour	
<b>App Officer/Engineer</b> <b>Base Rate = \$11.10</b>	<b>\$11.10</b> /per Hour	/per Hour	
<b>Firefighter/FF-PMedic</b> <b>Base Rate = \$11.10</b>	<b>\$11.10</b> /per Hour	/per Hour	
<b>Workers Compensation Insurance Rate:</b>			
<b>Unemployment Insurance Rate:</b>			
<b>Agency Federal Taxpayer ID Number or Federal Employer ID Number:</b>			
<b>Agency Data Universal Numbering System DUNS Number:</b>			

\*\*\* NOTE: These rates are not effective until the date they are received by OES. \*\*\*

What is reported on this form constitutes direct salary costs for employees.

I have reviewed the information provided by my Agency/Dept. and certify to the best of my knowledge and belief that this information is correct.

**Dept./Agency Fire Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_