Print Form Reset Form

2010 SALARY SURVEY
for the
AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO THE STATE OF CALIFORNIA AND FEDERAL FIRE 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:

Cal EMA Fire and Rescue Division
Attn: Reimbursement Section
3650 Schriever 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" *

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

*** 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 CAL FIRE and the Federal Fire 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.

Classification Title		Current Rate on file as of: **Base Rates**	Avg. actual rate (Straight Time) as of:	Above Battalion Chief w/ a local agreement for OT (MOA/MOU)
Chief	**Base Rate = $13.66**	**$13.66** /per Hour	/per Hour	☐ **Yes** ☑ **No**
Deputy Chief	**Base Rate = $13.66**	**$13.66** /per Hour	/per Hour	☐ **Yes** ☑ **No**
Division Chief	**Base Rate = $13.66**	**$13.66** /per Hour	/per Hour	☐ **Yes** ☑ **No**
Assistant Chief	**Base Rate = $13.66**	**$13.66** /per Hour	/per Hour	☐ **Yes** ☑ **No**
Battalion Chief	**Base Rate = $13.66**	**$13.66** /per Hour	/per Hour	
Co. Officer/Capt./Lt.	**Base Rate = $11.14**	**$11.14** /per Hour	/per Hour	
App Officer/Engineer	**Base Rate = $11.14**	**$11.14** /per Hour	/per Hour	
Firefighter/FF-PMedic	**Base Rate = $11.14**	**$11.14** /per Hour	/per Hour	

Workers Compensation Insurance Rate:	
Unemployment Insurance Rate:	
Agency Federal Taxpayer ID Number or Federal Employer ID Number:	
Agency Data Universal Numbering System DUNS Number:	

***** NOTE: These rates are not effective until the date they are received by Cal EMA. *****

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:** _____