

# ATTACHMENT E

## BENEFITS SUMMARY

<b>Benefit</b>	<b>Eligibility</b>	<b>Amount/Coverage</b>	<b>Employee Cost</b>
<b>Probation Period</b>			
<b>Vacation</b>			
<b>Sick Leave</b>			
<b>Holidays</b>			
<b>Personal Days</b>			
<b>Military Leave</b>			
<b>Funeral Leave</b>			
<b>Jury Leave</b>			
<b>FMLA/LOA</b>			
<b>Long-Term Disability</b>			
<b>Short-Term Disability</b>			
<b>Medical/Health Insurance</b>			
<b>Dental Insurance</b>			
<b>Vision Insurance</b>			
<b>Life Insurance</b>			

<b>Optional Life</b>			
<b>Family Life</b>			
<b>Tuition Assistance</b>			
<b>Employee Assistance Program</b>			
<b>Other Benefits (specify)</b>			
<b>Retirement/Pension/401K/Employer Contribution</b>			