



ILLINOIS DEPARTMENT OF LABOR

JB PRITZKER
GOVERNOR

JANE R. FLANAGAN
DIRECTOR

County work performed in: Wabash County

FOOD SERVICE SURVEY

Illinois Department of Labor Survey In accordance with 30 ILCS 500

Phone: 618-262-4181

E-mail: dunderwood@wabash348.com

Fax #: 618-262-7912

Employer Insurance Costs*	\$ Pension/IMRF %*	Vacation Policy
Employee only: <u>\$650</u> /Mo	Employer IMRF %: <u>8.61% for calendar year 2025</u>	<u>Yrs. of Service</u> <u>Vacation Days</u> If in contract, list page: <u> </u> N/A <u> </u>
Employee +1: <u>\$650</u> /Mo	OR	<u> </u> <u> </u>
Employee/Spouse: <u>\$650</u> /Mo	Employer \$ Contribution <u> </u>	<u> </u> <u> </u>
Family: <u>\$650</u> /Mo	Minimum work hours to be eligible: <u> 600 hours </u>	<u> </u> <u> </u>
Minimum work hours to be eligible: <u>25 hour per week, pro-rated</u>		Minimum work hours to be eligible:

* Include here only the amount contributed by the Employer; not any employee deductions.

Worker Title	# Hours/Week	Hourly Pay
Part-time		\$16.54
Cook		\$16.54

Lincoln Tower Plaza
524 South 2nd Street, Suite 400
Springfield, Illinois 62701
(217) 782-6206
Fax: (217) 782-0596

Michael A Bilandic Building
160 North LaSalle, Suite C-1300
Chicago, Illinois 60601-3150
(312) 793-2800
Fax: (312) 793-5257

Regional Office Building
2309 West Main Street, Suite 115
Marion, Illinois 62959
(618) 993-7090
Fax: (618) 993-7258

Please complete the requested information **by title**; do **not** list employee **names**. Combine all hours within **same titles** at the **same rate** of pay. Should you need additional space, you may make copies of this form or attach a separate sheet following the same format as above.

DUE TO IDOL BY APRIL 15, 2025

