

Desired Compensation Package / Points to Negotiate

COMPENSATION	VALUE	COMPENSATION	VALUE
WAGES <input type="checkbox"/> Salary <input type="checkbox"/> Commissions <input type="checkbox"/> Performance Bonus <input type="checkbox"/> Incentive Bonus <input type="checkbox"/> Increases at Review Time <input type="checkbox"/> Review and Raise Schedule <input type="checkbox"/> Sign-on Bonus <input type="checkbox"/> Percentage of Grants	_____ _____ _____ _____ _____ _____ _____	INSURANCE <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life <input type="checkbox"/> Cafeteria of Choices <input type="checkbox"/> Family Coverage <input type="checkbox"/> Disability <input type="checkbox"/> Long Term Care	_____ _____ _____ _____ _____ _____ _____
ADDITIONAL COMPENSATION <input type="checkbox"/> Pension Plan <input type="checkbox"/> 401K Plan / company matching <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Yearly Bonus (%) <input type="checkbox"/> Stock Options / RSU <input type="checkbox"/> Flex Spending Program (dependent care / health)	_____ _____ _____ _____ _____	ALLOWANCES <input type="checkbox"/> Laptop, Cell Phone, DSL <input type="checkbox"/> Travel & Entertainment <input type="checkbox"/> Car <input type="checkbox"/> Professional Memberships <input type="checkbox"/> Relocation Costs <input type="checkbox"/> Mortgage Subsidies <input type="checkbox"/> Education Reimbursements <input type="checkbox"/> Professional Associations	_____ _____ _____ _____ _____ _____ _____
TIME OFF <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Vacation Days <input type="checkbox"/> Sick Days <input type="checkbox"/> Comp Time <input type="checkbox"/> Sabbaticals <input type="checkbox"/> Maternity/Paternity Leave <input type="checkbox"/> Dependent Care Sick Days <input type="checkbox"/> Annual Carryover	_____ _____ _____ _____ _____ _____ _____	OTHER POSSIBLE PERKS <input type="checkbox"/> Health Club Facilities / Memberships <input type="checkbox"/> Telecommuting / Commuter Pass <input type="checkbox"/> Company Car <input type="checkbox"/> Car Pooling <input type="checkbox"/> Company Shuttle <input type="checkbox"/> Free Snacks/Meals <input type="checkbox"/> Office Size/Location/Windows <input type="checkbox"/> Child Care Subsidies/Facility <input type="checkbox"/> Elder Care Subsidies	_____ _____ _____ _____ _____ _____ _____
JOB SCOPE <input type="checkbox"/> Position Title <input type="checkbox"/> Decision Making Authority <input type="checkbox"/> Budget Resources <input type="checkbox"/> Support Staff <input type="checkbox"/> Use of Interns	_____ _____ _____ _____	WORKING HOURS <input type="checkbox"/> Fixed Time <input type="checkbox"/> Flex Time <input type="checkbox"/> Part Time <input type="checkbox"/> Job Sharing <input type="checkbox"/> 4/10 or 9/80 Work Week	_____ _____ _____ _____