

**FOIA FEE ITEMIZATION FORM
WYANDOTTE PUBLIC SCHOOLS**

7000.04

Requestor's Name _____	Date of Request _____
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_____ Estimate Fee	or	_____ Actual Fee
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Item Description	Hourly Rate ¹	Fringe Benefit % ²	Overtime Rate ³	No. of 15-minute increments ⁴	Total Charge
Locating/Retrieving Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	⁵ \$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Reviewing Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Redacting Records	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Copying/Duplicating Records ⁶	Hourly wage _____ x	1. _____ +/-	\$ _____ =	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Contracted Labor Costs-Redaction	⁷ Hourly wage _____ x	N/A	N/A	\$ _____ / 4 = \$ _____ x _____ (increments) =	\$ _____
Name of contracted person or firm if applicable: _____				Subtotal	
Labor Costs = \$ _____					
Copying Cost for Paper Copies⁸					
Letter (8½" x 11") paper at \$0.____ each⁹	Legal (8½"x 14") paper at \$0.____ each	Size _____ paper at \$0.____ each	Size _____ paper at \$0.____ each	Total Charge	
No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	No. of Sheets ____ x \$0.____ = \$ _____	\$ _____	
Mailing Cost					
Cost of Packaging	Postage Cost	Cost of Delivery Confirmation	Special Shipping Cost	Insurance Cost	Total Charge
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Effective Date: September 6, 2015

Non-paper Physical Media			
USB Flash Drives	Computer Discs	Other Digital Media	Total Charge
\$ _____ x number used _____ = \$ _____	\$ _____ x number used _____ = \$ _____	\$ _____ x number used _____ = \$ _____	\$ _____
Qualified for \$20 Reduction? If yes, subtract \$20.			(\$ _____)
TOTAL FEE = \$ _____			
If estimated fee is over \$50, the District shall charge a deposit of 50% of the estimated fee.		Amount of Deposit \$ _____	Paid? Y/N
Subtract any good-faith deposit received.			(\$ _____)
Reduction amount due to untimely response by District: 0.5% of fee x _____ days late = _____ reduction.			(\$ _____)
PLEASE MAKE CHECKS PAYABLE TO: Wyandotte Public Schools Mail to: Superintendent's Office, Wyandotte Public Schools 639 Oak Street, Wyandotte, MI 48192			TOTAL DUE= \$ _____

¹ The hourly rate shall not be more than the hourly wage of the lowest-paid staff member capable of performing the labor in the particular instance.

² The District will add up to 50 percent to the applicable labor charge amount to cover or partially cover the cost of fringe benefits; 100 percent of fringe benefit costs will be added to the applicable labor charge if a requestor stipulates that requested website records must be provided in a paper format or in a specific form of electronic media. In either case, the District shall not charge more than the actual cost of fringe benefits.

³ Overtime rates shall not be included in the calculation of labor costs unless overtime is specifically stipulated by the requestor.

⁴ In general, labor cost shall be estimated and charged in increments of 15 minutes, with all partial time increments rounded down. (See note 6 for exception.)

⁵ Divide the resulting hourly wage(s) by four to determine the charge per 15-minute increment.

⁶ Labor costs for copying/duplicating records may be estimated and charged in time increments of the District's choosing, with all partial time increments rounded down.

⁷ This amount shall not exceed an amount equal to six times the state minimum hourly wage rate, which is currently \$8.15.

⁸ The District shall utilize the most economical means available for making copies, including using double-sided printing.

⁹ The fee shall not exceed 10 cents per sheet of paper for copies made on 8½" by 14" paper.

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