

FITZGERALD PUBLIC SCHOOLS

FREEDOM OF INFORMATION ACT

FEE ITEMIZATION FORM

Pursuant to Section 4 of the Michigan Freedom of Information Act, MCL 15.234 (the "FOIA" or the "Act"), the following costs will be charged for responses to FOIA requests, pursuant to the FOIA Fee Schedule adopted and periodically revised by the Fitzgerald Public Schools.

Y/N(circle one): A fee for labor cost is being charged because the failure to do so will result in unreasonably high costs to the Fitzgerald Public Schools because of the nature of the request in this particular instance. Specifically, [identify the nature of this unreasonably high cost(s)].

Labor costs shall not be more than the hourly wage of the Fitzgerald Public Schools' lowest-paid employee capable of performing the labor in the particular instance, regardless of whether that person is available or actually performs the labor. Labor costs will be estimated and charged in [#must be 15 - minutes or more]-minute time increments. All partial time increments will be rounded down. No overtime will be charged unless the person making the request provides written approval. If the number of minutes is less than 15, there will be no charge. If the Fitzgerald Public Schools charges to cover or partially cover the cost of fringe benefits, it will use a [#cannot exceed 50]-percent multiplier to account for those benefits.

1. LABOR COST TO LOCATE		
Hourly Wage Charged = \$ _____.	It is estimated to take [] minutes to perform this task ÷ [] minute increments = _____ increment(s).	Subtotal Cost = \$ _____
OT Wages (as Stipulated by the Requestor) = \$ _____		
Charge per increment = \$ _____.		
or		
Hourly Wage with Fringe Benefit Cost = \$ _____.		
Charge per increment = \$ _____.		

2. LABOR COST TO COPY		
Hourly Wage Charged = \$ _____.	It is estimated to take [] minutes to perform this task ÷ [] minute increments = _____ increment(s).	Subtotal Cost = \$ _____
OT Wages (as Stipulated by the Requestor) = \$ _____		
Charge per increment = \$ _____.		
or		
Hourly Wage with Fringe Benefit Cost = \$ _____.		
Charge per increment = \$ _____.		

3. EMPLOYEE LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL		
Hourly Wage Charged = \$ _____.	It is estimated to take [] minutes to perform this task ÷ [] minute increments = _____ increment(s).	Subtotal Cost = \$ _____
Charge per increment = \$ _____.		
or		
Hourly Wage with Fringe Benefit Cost = \$ _____.		
Charge per increment = \$ _____.		

4. CONTRACTED LABOR COST TO SEPARATE EXEMPT FROM NON-EXEMPT MATERIAL		
Name of contracted person or firm = _____		
Hourly Wage Charged = \$ _____. Charge per increment = \$ _____.	It is estimated to take [] minutes to perform this task ÷ [] minute increments = ____ increment(s).	Subtotal Cost = \$ _____
or Hourly Wage with Fringe Benefit Cost = \$ _____. Charge per increment = \$ _____.		

5. COPYING (DUPLICATION OR PRINTING) COST		
Letter (8 1/2 x 11-inch, single- or double-sided): cents per sheet	Number of sheets = _____	Cost = \$ _____
Legal (8 1/2 x 14-inch, single- or double-sided): cents per sheet	Number of sheets = _____	Cost = \$ _____
Other paper sizes (single- or double-sided): _____ cents per sheet	Number of sheets = _____	Cost = \$ _____
Actual and most reasonably economical cost of non-paper physical digital media (or being provided to the requestor in such format as stipulated) = \$ _____ <i>Circle applicable: Disc / Tape / Drive / Other Digital Medium Cost per Item:</i>	Number of items = _____	Cost = \$ _____
		Subtotal Cost = \$ _____

6. MAILING COST		
	Number of envelope(s), package(s), stamp(s), etc.	
Cost of Envelope or Package = \$ _____		Cost = \$ _____
Postage = \$ _____ per stamp.		Cost = \$ _____
Postage = \$ _____ per pound.		Cost = \$ _____
Postage = \$ _____ per package.		Cost = \$ _____
Postal Delivery Confirmation = \$ _____.		Cost = \$ _____
Expedited Shipping or Insurance, if requested = \$ _____.		Cost = \$ _____
		Subtotal Cost = \$ _____

Affidavit of Indigency Submitted? <u>Y/N</u> Qualified Non-Profit Organization per Section 4(2)(f)(2)(b) of the FOIA? <u>Y/N</u>	If Yes, subtract \$20.00	(\$ _____)
TOTAL ESTIMATED FEE = \$ _____		
If the estimated cost exceeds \$50.00, a good faith deposit of 50% is required before the request will be processed.	50% Deposit = \$ _____.	Date Paid = ____/____/____.
The request will be processed, but the balance of the cost must be paid before copies may be picked up, delivered, or mailed.	Balance Due = \$ _____.	Date Paid = ____/____/____.