

Name \_\_\_\_\_

Date \_\_\_\_\_

Member# \_\_\_\_\_

Phone# \_\_\_\_\_

### Upstate Food Co-op Markup Rubric

Check all that apply:

1. Paid yearly membership fee (baseline) 30% \_\_\_\_\_

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**WORKING CATEGORIES:**

2. Work Time for Co-op (CHECK ONLY ONE):  
a. Works 4-7 hours per month -15% \_\_\_\_\_  
b. Works 8-11 hours per month -17% \_\_\_\_\_  
c. Works 12-15 hours per month -19% \_\_\_\_\_  
d. Works 16-19 hours per month -21% \_\_\_\_\_  
e. Works 20+ hours per month -23% \_\_\_\_\_

3. Extra Responsibility (CHECK ALL THAT APPLY):  
a. Administrative Manager (ie. HR) -5% \_\_\_\_\_ Duty: \_\_\_\_\_  
b. Day or Department manager -4% \_\_\_\_\_ Duty: \_\_\_\_\_  
c. Cashier (do not check if you checked b) -2% \_\_\_\_\_  
d. Takes on other extra responsibility -2% \_\_\_\_\_ Duty: \_\_\_\_\_  
(ie. team leader, making deposits, deliveries, ordering, etc.)

4. Uses specialized knowledge/skills or personal equipment for co-op  
(ie. Grounds, building maintenance, AC/Heat, etc.) -5% \_\_\_\_\_ Details: \_\_\_\_\_

5. Co-op Service Work (CHECK ONLY ONE):  
a. Serves on the Board of Directors (BOD) -5% \_\_\_\_\_  
b. Is an officer (part of BOD) -30% \_\_\_\_\_ Position: \_\_\_\_\_

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**NON-WORKING CATEGORIES: (USE ONLY IF NO OTHERS CHECKED; CHECK ONLY ONE)**

6. Special Need Categories  
a. Is a senior citizen (65 yrs +) -5% \_\_\_\_\_  
b. Is disabled -10% \_\_\_\_\_

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**MARK-UP CALCULATION:**

(Subtract total percents checked from 30%. CANNOT be less than 0%.)

\*Total markup \_\_\_\_\_  
Gen. Manager initials \_\_\_\_\_

*\*Mark-up is not final until approved by General Manager*