

Boards of Education Support Staff Contract Data Summary Sheet

Employer Name: _____ County: _____



BU: _____ Union: _____ Local: _____



WAGE SUPPLEMENTS

PAGE: _____

Afternoon Dif: \$ _____ / _____ % _____

Evening Dif: \$ _____ / _____ % _____

Hazard Pay: _____ / _____ % _____

Retirement Pick-up: _____ % _____

Merit Pay: (Y) _____

Education Incentive: (Y) _____

ALLOWANCES:

Uniforms (P/V) _____

Amt: \$ _____

Cleaning: (Y) _____

Amt: \$ _____

Tools: (Y) Amt: \$ _____

Shoes: \$ _____

Mileage: IRS Rate (Y) _____

Mileage Amt: \$ _____

Tuition Reimbursement: (Y) _____

VACATION

_____ Years _____ Days

_____ Years _____ Days

_____ Years _____ Days

_____ Years _____ Days

_____ Years _____ Days

_____ Years _____ Days

LONGEVITY

(Years) (Amt \$) (%) (Type)

PAID LEAVE

Holidays: _____

Personal Days: _____

Birthday: (Y) _____

Injury Leave: _____ / _____

Assault Leave: _____ / _____

Paid Union Leave: (Y) _____

Start Date: ____/____/____ End Date: ____/____/____

SICK LEAVE

PAGE: _____

Sick Days/Year: _____

Maximum Sick: _____

Attendance Bonus: (Y) _____

Bank/Donated Time: (Y) _____

BEREAVEMENT LEAVE

Sick: _____

Funeral: _____

Other: (Y) _____

HOURS OF WORK

Comp Time Max: _____ Hrs. _____

Call In: (Y) _____ Hrs. _____

Court: (Y) _____ Hrs. _____

Stand By: (Y) _____

Report In: (Y) _____ Hrs. _____

Paid Meal Time: _____ Min. _____

Rest Break: _____ / _____ Min. _____

Overtime Cycle: _____ / _____

SENIORITY

Probationary Period: _____ / _____

Shift: (Y) _____

Recall Years: _____

Super Seniority: (Y) _____

GRIEVANCE ARBITRATION

Arbitration: (Y) _____

Cost (E/L/O): _____

Mediation Step: (Y) _____

OTHER

Fair Share: (Y) _____

Drug Test: (Y) _____

Sub-Contract: (Y) _____

Successor/Privatize: (Y) _____

MAD: (Y) _____

Dispense Medication: (Y) _____

WAGE INCREASE ACROSS BOARD:

PAGE: _____

Date of Increase ____/____/____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase ____/____/____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase ____/____/____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase ____/____/____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

BENCHMARKS JOB TITLES

PAGE _____

Job Title _____ Hourly rate for all non-teaching positions

Date ____/____/____ ____/____/____ ____/____/____ ____/____/____ Work Week: _____
Hrs/Day: _____
Entry \$_____.____ \$_____.____ \$_____.____ \$_____.____ Days/Yr: _____
Steps: _____
Top \$_____.____ \$_____.____ \$_____.____ \$_____.____ Step Yrs: _____

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