

FOR SERB INTERNAL OFFICE USE ONLY: Employer # _____ Contract # _____ Case # _____

Boards of Education Support Staff Contract Data Summary Sheet

Employer Name: _____ County: _____



Union: _____ Local: _____

Start Date: ___/___/___ End Date: ___/___/___

WAGE SUPPLEMENTS

Afternoon Dif.: \$ ___/___% _____

Evening Dif.: \$ ___/___% _____

Hazard Pay: ___/___% _____

Retirement Pick-up: _____% _____

Merit Pay: (Y) _____

Education Incentive: (Y) _____

ALLOWANCES:

Uniform: (P/V) _____

Amt: _____

Cleaning: (Y) _____

Amt: \$ _____

Tools: Amt: \$ _____

Shoes: \$ _____

Mileage: IRS Rate (Y) _____

Mileage Amt: \$ _____

Tuition: (Y) _____

VACATION:

____ Years ____ Days

LONGEVITY:

(Years) (Amt.) (%) (Type)

PAID LEAVE:

Holidays: _____

Personal Days: _____

Birthday: (Y) _____

Injury Leave: ___/___ _____

Assault Leave: ___/___ _____

Union Leave: (Y) _____

PAGE:

SICK & BEREAVEMENT LEAVE PG :

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 _____

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/Private: (Y) _____

MAD: (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 PAGE: _____

Job Title _____

Date ___/___/___ ___/___/___ ___/___/___ ___/___/___

Entry \$ _____ \$ _____ \$ _____ \$ _____

Top \$ _____ \$ _____ \$ _____ \$ _____

Work Week: _____
Hrs/Day: _____
Days/Yr: _____
Steps: _____
Step Yrs: _____

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