

2014-15 J-90

Data Confirmation Request

For

SAN MARINO UNIFIED

1964964

Please review your J-90 information and answer any questions we have regarding your data. Then either confirm that the data is correct as submitted or will be after edits are made.

All information is correct: pds
(Initials)

All information will be correct after edits are made: _____
(Initials)

Please mail or fax to:

School Services of California
1121 L Street, Suite 1060
Sacramento, CA 95814

Fax: (916) 446-2011
Phone: (916) 446-7517 ext. 1200
email: kathes@sscal.com

AGENCY NAME: SAN MARINO UNIFIED (1964964)

--- Percentage Change from 2013-14:		3.25%
--- One-time or "Off the Schedule" Across the Board Bonus:		0.00
--- Any Contingency Language in your Collective Bargaining Agreement that could Retroactively Increase/Decrease your 2014-15 Teachers Salary Schedule? (Yes/No):		N
--- Number of Scheduled/Required Service or Work Days for Returning Teachers:		190
--- Number of Teacher Instructional Days:		182
--- Does Your District's Salary Schedule Include Health & Welfare Benefits Amounts?		N
--- Effective Date of the 2014-15 Certificated Salary Schedule:		08/01/2014
--- Highest Entry Level Step for an Experienced Teacher:		Step 9 Column 5
--- Highest Entry Level Step for an Emergency / Credential Teacher:		Step 9 Column 5
--- Number of FTEs with an Emergency Credential:		0
--- Summer School Classroom Teacher Pay Rate:		
	Hourly \$0 Daily \$0 Session \$0	
	Summer School Teacher Pay Rate Explanation:	
	\$43.42 or per diem rate whichever is higher	
--- Number of Charter School FTE included on the Salary Schedule:		N/A
--- Other Professionals Paid from the Same Salary Schedule:		
	Counselor Y Psychologist Y Nurse N Librarian N	
--- Certificated Bargaining Unit Salary Enhancements:	<u>% or Amount</u>	<u>FTE</u>
Masters Degree	0	0
Doctorate Degree	0	0
Special Education Assignment	\$5,751	16.475
Bilingual Assignment	0	0
CLAD Certificate	0	0
BCLAD Certificate	0	0
National Teacher Certification	0	0
Counselor	\$2,963	10
School Psychologist	\$5,751	5
Program Specialist	\$5,751	1
Speech Pathologist	\$5,751	4
--- Do these bonuses increase automatically as across-the-board increases are applied to the salary schedule?:		N
--- Other Salary and Service Day Information:	<u>Salary</u>	<u>Days</u>
Elementary School Principals	\$121,936	211
Middle School Principals	\$126,684	216
High School Principals	\$132,477	225
Superintendent	\$225,000	225
Percent for less than full-time Superintendent:		0%
--- Name of the agency if the district purchases health plans through a joint powers authority or trust:		
	SCSEBA	
--- Age or Number of Years a Retiree Receives Health and Welfare Benefits:		
--- Retires with any Health and Welfare Benefits Provided for Life? (Yes/No):		N
--- Health and Welfare Benefit Maximums for Active FTEs:		
Maximum Contribution for a Cafeteria Plan		0
Maximum Contribution for a Employee Only Plan		9,647
Maximum Contribution for a Two-Party Plan		16,045
Maximum Contribution for a Family Plan		21,010
Indicate whether the Health and Welfare Benefit Maximums are Hard Caps or Soft Caps:		SOFT
--- Date of latest actuarial study for its post-employment benefits:		07/01/2014
--- Unfunded liability amount as reported in the study:		35,103

CERTIFICATED TEACHER SALARY SCHEDULE WITH PLACEMENT, 2014-15 (FORM J-90)

AGENCY CODE	AGENCY NAME	TOTAL SALARIES	TOTAL F.T.E.	AVERAGE SALARY FROM SALARY SCHEDULE						
1964964	SAN MARINO UNIFIED	13,368,848	171.27	78,057						
CLASS I		CLASS II		CLASS III		CLASS IV		CLASS V		
BA+CRED		BA+30+CRED		BA+45+CRED		BA+60+CRED		BA+75+MA+CRED		
STEP	ANNUAL SALARY	F.T.E.	ANNUAL SALARY	F.T.E.	ANNUAL SALARY	F.T.E.	ANNUAL SALARY	F.T.E.	ANNUAL SALARY	F.T.E.
1	48,837	0.00	49,533	1.00	49,533	3.00	51,315	0.47	54,032	1.00
2	48,837	0.00	49,533	0.00	50,436	1.00	53,111	3.00	55,923	0.00
3	48,837	0.00	49,575	1.00	52,201	2.00	54,969	3.00	57,880	0.00
4	48,837	1.00	51,310	0.00	54,028	0.00	56,893	0.00	59,906	4.00
5	50,433	0.40	53,106	0.00	55,919	1.00	58,885	3.00	62,003	2.00
6	52,198	0.00	54,965	1.00	57,877	1.00	60,946	0.00	64,173	1.00
7	54,025	0.00	56,888	1.00	59,902	1.00	63,079	2.00	66,419	0.00
8	55,916	1.00	58,879	1.00	61,999	0.50	65,287	0.00	68,744	2.00
9	57,873	1.00	60,940	2.00	64,169	2.00	67,571	1.00	71,150	10.00
10	0	0.00	63,073	1.50	66,415	1.00	69,937	1.00	73,640	13.60
11	0	0.00	65,281	1.00	68,739	1.00	72,384	1.00	76,217	6.50
12	0	0.00	67,565	0.00	71,145	2.00	74,918	1.00	78,885	1.00
13	0	0.00	69,930	0.00	73,635	0.00	77,540	3.00	81,646	2.00
14	0	0.00	71,154	0.00	74,924	0.00	78,897	0.00	83,075	2.00
15	0	0.00	72,399	0.00	76,235	0.20	80,278	2.00	84,529	3.50
16	0	0.00	74,933	2.00	78,903	0.00	83,087	0.00	87,487	0.00
17	0	0.00	76,245	0.00	80,284	1.00	84,541	0.00	89,018	1.00
18	0	0.00	78,913	0.00	83,094	0.50	87,500	1.00	92,134	2.00
19	0	0.00	80,294	1.00	84,548	0.00	89,031	0.80	93,746	2.00
20	0	0.00	83,104	3.00	87,507	6.00	92,148	15.00	97,027	38.30
21	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
22	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
23	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
24	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
25	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
26	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
27	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
28	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
29	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
30	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
31	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
32	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
33	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
34	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
35	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
36	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
37	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
38	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
39	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
40	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

CERTIFICATED BARGAINING UNIT BENEFIT SCHEDULE (ACTIVE EMPLOYEES), 2014-15

<u>AGENCY CODE</u>	<u>AGENCY NAME</u>
1964964	SAN MARINO UNIFIED

<u>Benefit Plans:</u>	<u>Single Party Plan</u>	<u>Two-Party Plan</u>	<u>Family Plan</u>	<u>Composite Plan</u>
HEALTH				
Kaiser				
Annual Cost of Plan:	7,016.88	13,727.76	19,297.80	0.00
District Contribution:	6,401.56	10,049.71	14,099.25	0.00
Number of FTE's:	12.00	11.00	4.00	0.00
Blue Cross HMO				
Annual Cost of Plan:	5,634.00	12,113.28	16,620.48	0.00
District Contribution:	5,148.11	9,003.28	12,360.70	0.00
Number of FTE's:	19.00	4.40	14.00	0.00
Blue Cross PPO				
Annual Cost of Plan:	9,305.64	20,007.00	26,659.08	0.00
District Contribution:	8,511.80	14,910.50	19,874.91	0.00
Number of FTE's:	37.70	15.40	18.50	0.00
DENTAL				
Delta Dental				
Annual Cost of Plan:	832.08	1,664.52	2,413.44	0.00
District Contribution:	832.08	832.08	832.08	0.00
Number of FTE's:	129.60	6.20	4.00	0.00
Delta Care				
Annual Cost of Plan:	0.00	0.00	0.00	532.44
District Contribution:	0.00	0.00	0.00	532.44
Number of FTE's:	0.00	0.00	0.00	26.50
VISION				
MES				
Annual Cost of Plan:	0.00	0.00	0.00	255.00
District Contribution:	0.00	0.00	0.00	255.00
Number of FTE's:	0.00	0.00	0.00	164.80
LIFE				
Life				
Annual Cost of Plan:	48.00	0.00	0.00	0.00
District Contribution:	48.00	0.00	0.00	0.00

Number of FTE's:	170.80	0.00	0.00	0.00
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OTHER

Cash In Lieu of Medical Ins.

Annual Cost of Plan:	0.00	0.00	0.00	3,600.00
District Contribution:	0.00	0.00	0.00	3,600.00
Number of FTE's:	0.00	0.00	0.00	33.80