

2015-16 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 2014-15:	3.5%	
One-time or "Off the Schedule" Across the Board Bonus:	0.00	
Any Contingency Language in your Collective Bargaining Agreement that could Retronectively Increase/Decrease your 2015-16 Teachers Salary Schedule? (Yes/No):	N	
Number of Scheduled/Required Service or Work Days for Returning Teachers:	188	
Number of Teacher Instructional Days:	182	
Does Your District's Salary Schedule Include Health & Welfare Benefits Amounts?	N	
Effective Date of the 2015-16 Certificated Salary Schedule:	08/01/2015	
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:		
Masters Degree	0	0
Doctorate Degree	0	0
Special Education Assignment	\$5,953	15.48
Bilingual Assignment	0	0
CLAD Certificate	0	0
BCLAD Certificate	0	0
National Teacher Certification	0	0
Counselor	10%	10
School Psychologist	10%	5
Program Specialist	10%	1
Speech Pathologist	10%	4
Do these bonuses increase automatically as across-the-board increases are applied to the salary schedule?:		N
Other Salary and Service Day Information:		
Elementary School Principals	\$126,204	211
Middle School Principals	\$131,118	216
High School Principals	\$137,114	225
Superintendent	\$232,875	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		9,978
Maximum Contribution for a Two-Party Plan		16,163
Maximum Contribution for a Family Plan		21,161
Indicate whether the Health and Welfare Benefit Maximums are Hard Caps or Soft Caps:		SOFT
Date of Intest 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, 2015-16 (FORM J-90)

AGENCY CODE	AGENCY NAME	TOTAL SALARIES	TOTAL F.T.E.	AVERAGE SALARY FROM SALARY SCHEDULE
1964964	SAN MARINO UNIFIED	14,027,031	175.48	79,935

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.	ANNUAL SALARY	F.T.E.		
1	50,546	0.00	51,266	0.00	51,266	1.00	53,111	3.00	55,923	0.00				
2	50,546	0.00	51,266	2.00	52,201	1.00	54,969	2.48	57,880	1.00				
3	50,546	0.00	51,310	0.00	54,028	2.00	56,893	3.00	59,906	0.00				
4	50,546	2.00	53,106	1.00	55,919	1.00	58,885	2.00	62,003	2.00				
5	52,198	0.00	54,965	2.00	57,877	0.00	60,946	0.00	64,173	4.00				
6	54,025	0.00	56,888	2.60	59,902	1.00	63,079	2.00	66,419	3.00				
7	55,916	0.00	58,879	2.00	61,999	0.00	65,287	1.00	68,744	1.00				
8	57,873	0.00	60,940	1.00	64,169	1.00	67,572	1.00	71,150	0.00				
9	59,898	1.00	63,073	0.00	66,415	2.00	69,937	1.00	73,640	2.00				
10	0	0.00	65,281	3.00	68,739	1.00	72,384	1.00	76,217	10.00				
11	0	0.00	67,565	1.50	71,145	2.00	74,918	1.00	78,885	13.80				
12	0	0.00	69,930	1.00	73,635	0.00	77,540	1.00	81,646	6.00				
13	0	0.00	72,378	0.00	76,212	1.00	80,254	2.00	84,504	1.00				
14	0	0.00	73,644	0.00	77,546	0.00	81,658	3.00	85,982	2.00				
15	0	0.00	74,933	0.00	78,903	0.00	83,087	0.00	87,487	2.00				
16	0	0.00	77,556	0.00	81,665	0.00	85,995	2.00	90,549	3.50				
17	0	0.00	78,913	2.00	83,094	0.00	87,500	0.00	92,134	0.00				
18	0	0.00	81,675	0.00	86,002	1.00	90,563	0.00	95,359	1.00				
19	0	0.00	83,104	0.00	87,507	0.50	92,148	1.00	97,027	2.00				
20	0	0.00	86,013	3.00	90,570	5.00	95,373	14.80	100,423	36.30				
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), 2015-16

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

Benefit Plans:	Single Party Plan	Two-Party Plan	Family Plan	Composite Plan
HEALTH				
Kaiser				
Annual Cost of Plan:	7,087.56	13,866.24	19,492.56	0.00
District Contribution:	6,405.08	9,846.76	13,836.24	0.00
Number of FTE's:	17.00	8.00	8.80	0.00
Blue Cross HMO				
Annual Cost of Plan:	6,056.52	13,021.80	17,867.04	0.00
District Contribution:	5,482.84	9,326.57	12,798.50	0.00
Number of FTE's:	17.00	2.80	16.00	0.00
Blue Cross PPO				
Annual Cost of Plan:	9,770.88	21,007.32	27,992.04	0.00
District Contribution:	8,843.01	15,027.87	20,025.94	0.00
Number of FTE's:	37.00	14.60	20.50	0.00
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	32.80
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:	124.60	7.00	8.00	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	30.90
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	172.00
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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:	175.00	0.00	0.00	0.00