2016-17 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: (Initials)

All information will be correct after edits are made: _

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

CERTIFICATED TEACHER SALARY SCHEDULE WITH PLACEMENT, 2016-17 (FORM J-90)

AGENCY AGENCY NAME 1964964 SAN MARI					TOTAL SALARIES 12,778,076		TOTAL F.T.E.		AVERAGE SALARY FROM SALARY SCHEDULE		
		SAN MARINO					160.90	79,4	79,416		
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			
egene n	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	
											
	50,546	1.00	51,266	0.00	51,266	0.00	53,111	1.00	55,923	1.00	
	50,546	0.00	51,266	0.00	52,201	1.00	54,969	2.00	57,880	2.00	
	50,546	1.00	51,310	1.00	54,028	2.00	56,893	0.00	59,906	1.00	
	50,546	3.00	53,106	0.00	55,919	2.00	58,885	4.00	62,003	0.00	
	52,198	0.00	54,965	1.00	57,877	1.00	60,946	2.00	64,173	2.00	
	54,025	0.00	56,888	1.00	59,902	0.00	63,079	0.00	66,419	4.00	
	55,916	0.00	58,879	1.80	61,999	1,00	65,287	2.00	68,744	2,00	
	57,873	0.00	60,940	1.00	64,169	1.00	67,572	1.00	71,150	1.00	
	59,898	1,00	63,073	1.00	66,415	1.00	69,937	3.00	73,640	2.00	
0	0	0,00	65,281	0.00	68,739	2.00	72,384	1.00	76,217	2.00	
1	0	0.00	67,565	1.00	71,145	2.00	74,918	1.00	78,885	10.50	
2	0	0.00	69,930	1.50	73,635	2,00	77,540	1.00	81,646	11.00	
3	0	0.00	72,378	1.00	76,212	0.00	80,254	0.00	84,504	5.00	
4	0	0.00	73,644	0.00	77,546	1,00	81,658	2.00	85,982	1.00	
5	0	0.00	74,933	0.00	78,903	0.00	83,087	3.00	87,487	1.00	
6	0	0.00	77,556	0.00	81,665	0.00	85,995	0.00	90,549	2.00	
7	0	0.00	78,913	0.00	83,094	0.00	87,500	2.00	92,134	3.50	
8	0	0.00	81,675	1.00	86,002	0.00	90,563	0,00	95,359	0.00	
9	0	0.00	83,104	0,00	87,507	1.00	92,148	0.00	97,027	1.00	
0	0	0.00	86,013	2.00	90,570	5.50	95,373	12.80	100,423	29.30	
1	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
2	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
3	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
4	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
5	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
6	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
7	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
8	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
9	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
0	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
1	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
2	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
3	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
4	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
5	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
6	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
7	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
8	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
9	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
0	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	

CERTIFICATED BARGAINING UNIT BENEFIT SCHEDULE (ACTIVE EMPLOYEES), 2016-17

AGENCY CODE

AGENCY NAME

1964964

SAN MARINO UNIFIED

Benefit Plans:	Single Party Plan	Two-Party Plan	Family Plan	Composite Plan	
НЕАСТН					
Kaiser					
Annual Cost of Plan;	7,087.56	13,866.24	19,492.56	0.00	
District Contribution:	6,378.79	9,706.29	13,644.84	0.00	
Number of FTE's:	15.00	10.00	9.00	0.00	
Blue Cross HMO					
Annual Cost of Plan:	6,958.32	14,960.76	20,527.44	0.00	
District Contribution:	6,263.51	10,478.93	14,377.99	0.00	
Number of FTE's:	18.00	1.80	13.00	0.00	
Blue Cross PPO					
Annual Cost of Plan:	11,578.44	24,893.64	33,170.52	0.00	
District Contribution:	10,422.61	17,438.41	23,236.40	0.00	
Number of FTE's:	36.00	7.80	21.50	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	24.80	
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:	109.10	4.00	9.50	0.00	
Delta Care					
Annual Cost of Plan:	0.00	0.00	0.00	549.48	
District Contribution:	0.00	0.00	0.00	549.48	
Number of FTE's:	0.00	0.00	0.00	33.30	
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	157,90
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:	160.40	0.00	0.00	0.00

	AGENCY NAME: SAN MARINO UNIFIED (1964964)					
	Percentage Change from 2015-16:	0%				
	One-time or "Off the Schedule" Across the Board Bond	1.00%				
	Any Contigency Language in your Collective Bargainin	N				
	Any Contigency Language in your Collective Bargainin Retroactively Increase/Decrease your 2016-17 Teacher Number of Scheduled/Required Service or Work Days): 188				
	Number of Teacher Instructional Days:					
	Does Your District's Salary Schedule Include Health &	The state of the s				
	Effective Date of the 2016-17 Certificated Salary Sche	dule:	08/01/2	016		
******	Highest Entry Level Step for an Experienced Teacher:		Step 9	Column 5		
	Highest Entry Level Step for an Emergency / Credentia	ıl 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 1 \$43.42 or per diem rate whichever	Explanation:				
	Number of Charter School FTE included on the Salary	Schedule:	N/A			
	Other Professionals Paid from the Same Salary Schedule:					
	Counselor N Psychologist Y Nu	irse Y Librarian N				
	Certificated Bargaining Unit Salary Enhancements:	% or Amount	FTE			
	Masters Degree	0	0			
	Doctorate Degree	0	0			
	Special Education Assignment	\$5,953	16			
	Bilingual Assignment	0	0			
	CLAD Certificate	0	0			
	BCLAD Certificate	0	Ü			
	National Teacher Certification	0	0			
	Counselor	10%	9			
	School Psychologist	10%	5			
	Program Specialist	10%	0			
	Speech Pathologist	10%	4			
	Do these bonuses increase automatically as across-th applied to the salary schedule?:	e-board increases are	N			
	Other Salary and Service Day Information:	Salary	Days			
	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):

- Health and Welfare Benefit Maximums for Active FTEs:

Maximum Contribution for a Cafeteria Plan	0
Maximum Contribution for a Employee Only Plan	11,558
Maximum Contribution for a Two-Party Plan	18,573
Maximum Contribution for a Family Plan	24,371
Indicate whether the Health and Welfare Benefit	SOFT
Maximums are Hard Caps or Soft Caps:	0.7

Ν

— Date of latest actuarial study for its post-employment benefits: 07/01/2016

- Unfunded liability amount as reported in the study: 264,888