

2017-18 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: pdls
(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 2016-17: 3%
- 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 2017-18 Teachers Salary Schedule? (Yes/No): N
- Number of Scheduled/Required Service or Work Days for Returning Teachers: 186
- Number of Teacher Instructional Days: 182
- Does Your District's Salary Schedule Include Health & Welfare Benefits Amounts? N
- Effective Date of the 2017-18 Certificated Salary Schedule: 08/01/2017
- Highest Entry Level Step for an Experienced Teacher: Step 11 Column 5
- Highest Entry Level Step for an Emergency / Credential Teacher: Step 11 Column 5
- Number of FTEs with an Emergency or Intern 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 whichever is higher
- Number of Charter School FTE included on the Salary Schedule: N/A
- Other Professionals Paid from the Same Salary Schedule:
 - Counselor N Psychologist Y Nurse Y Librarian N
- Certificated Bargaining Unit Salary Enhancements:

	% or Amount	FTE
Masters Degree	0	0
Doctorate Degree	0	0
Special Education Assignment	\$6,131	15
Bilingual Assignment	0	0
CLAD Certificate	0	0
BCLAD Certificate	0	0
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-the-board increases are applied to the salary schedule?: Y
- Other Salary and Service Day Information:

	Salary	Days
Elementary School Principals	\$129,990	207
Middle School Principals	\$135,052	212
High School Principals	\$141,227	221
Superintendent	\$239,861	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	8,260
Maximum Contribution for a Two-Party Plan	10,986
Maximum Contribution for a Three-Party Plan	0
Maximum Contribution for a Family Plan	15,027
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: 07/01/2016
- Unfunded liability amount as reported in the study: 264,888

CERTIFICATED TEACHER SALARY SCHEDULE WITH PLACEMENT, 2017-18 (FORM J-90)

AGENCY CODE	AGENCY NAME	TOTAL SALARIES	TOTAL F.T.E.	AVERAGE SALARY FROM SALARY SCHEDULE						
1964964	SAN MARINO UNIFIED	13,419,895	161.30	83,198						
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	52,062	0.00	52,804	3.00	52,804	0.20	54,704	1.00	57,603	2.00
2	52,062	0.00	52,804	2.00	53,767	0.00	56,618	0.00	59,619	1.00
3	52,062	0.00	52,849	0.00	55,649	1.00	58,600	0.00	61,706	2.00
4	52,062	0.00	54,699	1.00	57,597	4.00	60,651	0.00	63,866	1.00
5	53,764	0.00	56,613	0.00	59,613	1.00	62,774	4.00	66,101	1.00
6	55,646	0.00	58,595	1.00	61,699	1.00	64,971	1.00	68,414	2.00
7	57,593	0.00	60,646	1.00	63,859	0.00	67,245	0.00	70,809	3.00
8	59,609	0.00	62,768	0.00	66,094	2.00	69,599	2.00	73,287	2.00
9	61,695	1.00	64,965	1.00	68,407	1.00	72,035	0.00	75,852	1.00
10	0	0.00	67,239	1.00	70,801	2.00	74,556	5.00	78,507	0.00
11	0	0.00	69,592	0.00	73,279	1.00	77,165	0.00	81,255	7.00
12	0	0.00	72,028	0.00	75,844	2.00	79,866	1.00	84,099	10.00
13	0	0.00	74,549	1.50	78,499	2.00	82,661	2.00	87,042	12.50
14	0	0.00	75,854	1.00	79,872	0.00	84,108	0.00	88,566	5.00
15	0	0.00	77,181	0.00	81,270	0.00	85,580	2.00	90,116	1.00
16	0	0.00	79,882	0.00	84,115	1.00	88,575	2.00	93,270	2.00
17	0	0.00	81,280	0.00	85,587	0.00	90,125	0.00	94,902	2.00
18	0	0.00	84,125	0.00	88,582	0.00	93,280	2.00	98,223	3.50
19	0	0.00	85,597	1.00	90,132	0.00	94,912	0.00	99,942	0.00
20	0	0.00	88,593	2.00	93,287	5.50	98,234	12.80	103,440	28.30
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), 2017-18

AGENCY CODE	AGENCY NAME
1964964	SAN MARINO UNIFIED

Benefit Plans:	Single Party Plan	Two-Party Plan	Three-Party Plan	Family Plan	Composite Plan
HEALTH					
Kaiser					
Annual Cost of Plan:	7,141.08	14,096.64	0.00	19,869.72	0.00
District Contribution:	7,141.08	9,867.60	0.00	13,908.80	0.00
Number of FTE's:	22.00	10.00	0.00	8.00	0.00
Blue Shield HMO					
Annual Cost of Plan:	6,053.76	13,015.80	0.00	17,858.88	0.00
District Contribution:	6,053.76	9,111.10	0.00	12,501.20	0.00
Number of FTE's:	30.00	6.00	0.00	24.00	0.00
Blue Shield PPO					
Annual Cost of Plan:	9,841.68	21,159.60	0.00	28,194.96	0.00
District Contribution:	6,000.00	9,000.00	0.00	12,000.00	0.00
Number of FTE's:	17.80	2.00	0.00	7.50	0.00
Cash In Lieu of Medical Ins.					
Annual Cost of Plan:	0.00	0.00	0.00	0.00	3,600.00
District Contribution:	0.00	0.00	0.00	0.00	3,600.00
Number of FTE's:	0.00	0.00	0.00	0.00	31.80
DENTAL					
Delta					
Annual Cost of Plan:	815.40	1,631.28	0.00	2,365.20	0.00
District Contribution:	815.40	815.40	0.00	815.40	0.00
Number of FTE's:	105.10	6.00	0.00	12.50	0.00
Delta Care					
Annual Cost of Plan:	0.00	0.00	0.00	0.00	549.48
District Contribution:	0.00	0.00	0.00	0.00	549.48
Number of FTE's:	0.00	0.00	0.00	0.00	30.50
VISION					
MES					
Annual Cost of Plan:	0.00	0.00	0.00	0.00	255.00
District Contribution:	0.00	0.00	0.00	0.00	255.00

Number of FTE's:	0.00	0.00	0.00	0.00	158.10
------------------	------	------	------	------	--------

LIFE

Life

Annual Cost of Plan:	48.00	0.00	0.00	0.00	0.00
District Contribution:	48.00	0.00	0.00	0.00	0.00
Number of FTE's:	160.60	0.00	0.00	0.00	0.00