

2018-19 J-90

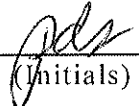
Data Confirmation Request

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: _____
(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 2017-18:		1%
— 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 2018-19 Teachers Salary Schedule? (Yes/No):		N
— Number of Scheduled/Required Service or Work Days for Returning Teachers:		185
— Number of Teacher Instructional Days:		182
— Does Your District's Salary Schedule Include Health & Welfare Benefits Amounts?		N
— Effective Date of the 2018-19 Certificated Salary Schedule:		08/01/2018
— 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:		
\$43.80 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:	<u>% or Amount</u>	<u>FTE</u>
Masters Degree	0	0
Doctorate Degree	0	0
Special Education Assignment	\$6,193	16
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%	1
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:	<u>Salary</u>	<u>Days</u>
Elementary School Principals	\$131,290	206
Middle School Principals	\$136,402	211
High School Principals	\$142,639	220
Superintendent	\$242,260	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		8,334
Maximum Contribution for a Two-Party Plan		11,086
Maximum Contribution for a Three-Party Plan		0
Maximum Contribution for a Family Plan		15,166
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:		06/30/2018
— Unfunded liability amount as reported in the study:		296,401

CERTIFICATED TEACHER SALARY SCHEDULE WITH PLACEMENT, 2018-19 (FORM J-90)

AGENCY CODE	AGENCY NAME	TOTAL SALARIES		TOTAL F.T.E.		AVERAGE SALARY FROM SALARY SCHEDULE				
1964964	SAN MARINO UNIFIED	13,822,634		162.30		85,167				
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	52,583	0.00	53,333	0.20	53,333	0.00	55,251	0.00	58,179	0.40
2	52,583	0.00	53,333	1.00	54,305	1.00	57,185	0.00	60,216	3.00
3	52,583	0.40	53,378	1.00	56,206	0.00	59,186	1.00	62,323	1.00
4	52,583	0.00	55,246	0.00	58,173	1.00	61,258	1.00	64,504	0.00
5	54,302	0.00	57,180	1.00	60,209	4.00	63,402	0.00	66,762	3.00
6	56,202	0.00	59,181	0.00	62,316	1.00	65,621	3.00	69,099	2.00
7	58,169	0.00	61,252	1.00	64,497	1.00	67,918	1.00	71,517	3.00
8	60,205	0.00	63,396	1.00	66,755	0.00	70,295	0.00	74,020	3.00
9	62,312	1.00	65,615	0.00	69,091	1.00	72,755	3.00	76,611	3.00
10	0	0.00	67,911	1.00	71,509	0.00	75,301	1.00	79,292	1.00
11	0	0.00	70,288	1.00	74,012	2.00	77,937	5.00	82,068	3.00
12	0	0.00	72,748	0.00	76,603	1.00	80,665	0.00	84,940	7.00
13	0	0.00	75,295	0.00	79,284	2.00	83,448	1.00	87,913	10.00
14	0	0.00	76,612	1.00	80,671	2.50	84,949	1.00	89,451	11.10
15	0	0.00	77,953	1.00	82,083	0.00	86,436	0.00	91,017	4.60
16	0	0.00	80,681	0.00	84,956	1.00	89,461	2.00	94,202	1.00
17	0	0.00	82,093	0.00	86,443	0.00	91,026	1.00	95,851	3.00
18	0	0.00	84,967	0.00	89,468	0.00	94,212	0.00	99,206	2.00
19	0	0.00	86,453	0.00	91,034	0.00	95,861	2.00	100,942	3.50
20	0	0.00	89,479	2.00	94,220	6.50	99,216	11.80	104,475	27.30
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), 2018-19

<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>Three-Party Plan</u>	<u>Family Plan</u>	<u>Composite Plan</u>
MEDICAL					
Kaiser					
Annual Cost of Plan:	7,215.05	14,238.72	0.00	20,068.32	0.00
District Contribution:	7,215.05	9,967.10	0.00	14,047.80	0.00
Number of FTE's:	25.00	7.00	0.00	10.00	0.00
Blue Shield HMO Access					
Annual Cost of Plan:	6,289.80	13,523.52	0.00	18,555.36	0.00
District Contribution:	6,289.80	9,466.50	0.00	12,988.80	0.00
Number of FTE's:	27.00	8.00	0.00	24.00	0.00
Blue Shield PPO					
Annual Cost of Plan:	10,816.08	23,254.44	0.00	30,986.28	0.00
District Contribution:	6,000.00	9,000.00	0.00	12,000.00	0.00
Number of FTE's:	18.40	1.00	0.00	4.10	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	33.80
Blue Shield HMO Trio					
Annual Cost of Plan:	5,975.40	12,847.32	0.00	17,627.64	0.00
District Contribution:	5,975.40	8,993.10	0.00	12,339.30	0.00
Number of FTE's:	1.00	0.00	0.00	1.00	0.00
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:	105.30	5.00	0.00	11.50	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	33.50
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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	158.30

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:	160.80	0.00	0.00	0.00	0.00