

# Compensation Survey

## 2024-2025

School District Name: \_\_\_\_\_  
 County-District Code: \_\_\_\_\_  
 District Contact: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### Salary and Workdays

Provide copies of your 2024-2025 salary schedules for **certified staff/teachers** and **classified/support staff**.

Teacher Contract Days: \_\_\_\_\_ days per year      Teacher Workday: \_\_\_\_\_ hours per day (if different than 7.5 hours)  
 Student Attendance Days: \_\_\_\_\_ days per year      Do you have a 4-day school week? \_\_\_ Yes \_\_\_ No  
**Transfer Credit:**  Year for year – unlimited       Year for year – up 10 years       Year for year – up to 7 years  
     Year for year – up to 5 years       Year for year – up to 3 years       Other: please explain \_\_\_\_\_

### Health Insurance

**Provider:**  Blue Cross    United Healthcare    MEUHP    Self-Insured    AETNA    Cigna    Other \_\_\_\_\_

Fill in the premium amounts for the health plans offered by the school district. If the district does not pay a portion of the plan, enter zero (0). If the district does not offer the plan, leave it blank.	<b>Plan I:</b> <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HSA/High Deductible			<b>Plan II:</b> <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HSA/High Deductible			<b>Plan III:</b> <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> HSA/High Deductible		
	Monthly Cost to District	Monthly Cost to Employee	Monthly Premium Total	Monthly Cost to District	Monthly Cost to Employee	Monthly Premium Total	Monthly Cost to District	Monthly Cost to Employee	Monthly Premium Total
Employee Only/Single	\$	\$	\$	\$	\$	\$	\$	\$	\$
Employee + Spouse/2-Party	\$	\$	\$	\$	\$	\$	\$	\$	\$
Employee + Family	\$	\$	\$	\$	\$	\$	\$	\$	\$
Employee + Child(ren)	\$	\$	\$	\$	\$	\$	\$	\$	\$
Please attach the one-page Summary Plan Description for each health plan.	Annual Deductible (In-Network) Single \$ _____ Family \$ _____			Annual Deductible (In-Network) Single \$ _____ Family \$ _____			Annual Deductible (In-Network) Single \$ _____ Family \$ _____		
	Office Visit Co-pay \$ _____			Office Visit Co-pay \$ _____			Office Visit Co-pay \$ _____		
	Co-insurance _____ %			Co-insurance _____ %			Co-insurance _____ %		

### Paid Leave and Substitute Pay

Leave Type	Days per Year	Max Accumulation
Medical/Sick		
Personal		
Miscellaneous*		
Professional Development		
New Teacher Orientation		
Bereavement		

\*Instead of having a set number of sick, personal, or other leave, the district has combined the days for the employee to use as needed.

Leave Type	Days per Year	Max Accumulation
Jury Duty/Civic Duty		
Association Business		
Paid Holidays		
Check all that apply: <input type="checkbox"/> Labor Day <input type="checkbox"/> Thanksgiving/Friday after <input type="checkbox"/> Christmas Eve <input type="checkbox"/> Christmas Day <input type="checkbox"/> New Year's Eve <input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King Jr. Day <input type="checkbox"/> President's Day <input type="checkbox"/> Easter/Passover/Good Friday <input type="checkbox"/> Memorial Day <input type="checkbox"/> Independence Day		

**Substitute Teacher Pay:** Daily Rate \$ \_\_\_\_\_

### Supplemental Benefits

Which of the following does your school district offer to instructional staff? (Check all that apply.)

<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Tuition Reimbursement Amount \$ _____	<input type="checkbox"/> Health Savings Account
<input type="checkbox"/> Disability Insurance	<input type="checkbox"/> Cafeteria Plan/Flexible Spending Account	<input type="checkbox"/> Children of employees may attend the same school/district tuition-free.
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Plan Time/Period Minutes per week: (EL) _____ (MS/HS) _____	<input type="checkbox"/> Health Club / Gym Membership
<input type="checkbox"/> Vision Insurance	<input type="checkbox"/> Professional Liability Insurance	<input type="checkbox"/> Early Retirement Incentive
<input type="checkbox"/> Duty-free lunch	<input type="checkbox"/> Sick Leave Pool	

### Additional Compensation / Stipends

Does your school district offer extra pay for sponsoring extracurricular activities? (Coaching, speech & debate, etc.) *If so, please enclose a copy of the pay schedule or enter stipend amounts online.*  Yes  No

Does your school district offer extra pay for National Board Certification, or other certifications such as social worker, speech language pathologist or physical/occupational therapist?  Yes  No  
*If so, please list annual stipends.* \_\_\_\_\_

**In determining compensation, which of the following does your district use?**

Collective bargaining    Meet and confer    Salary committee with employee representatives    None of the above  
 Which group(s) represents district employees? \_\_\_\_\_