SUPERINTENDENT CONTRACT

Detailed Statement of Contract Costs

District: Neptune City Public School District

Name: Raymond J. Boccuti, Ed.D.

District Grade Span: K-12

On Roll Students as of 10-15 of the prior year:

	Year 1	Year 2	Year 3	Year 4	Year 4
Contract Term: July 1, 2020, but not later than August 1, 2020 - June 30, 2025	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Salary					
Base Salary	$152,000.00	$152,000.00	$155,040.00	$158,141.00	$161,304.00
Amount for High School	$0.00	$0.00	$0.00	$0.00	$0.00
Amount for Additional Position (Principal, etc.) **Describe:	$0.00	$0.00	$0.00	$0.00	$0.00
Shared Service	$0.00	$0.00	$0.00	$0.00	$0.00
Longevity	$0.00	$0.00	$0.00	$0.00	$0.00
Annual Salary	$152,000.00	$152,000.00	$155,040.00	$158,141.00	$161,304.00
Annual Salary Increase (up to 2% for successive contracts)***	$0.00	$3,040.00	$3,101.00	$3,163.00	$3,226.00
TOTAL ANNUAL SALARY	$152,000.00	$155,040.00	$158,141.00	$161,304.00	$164,530.00
Additional Salary					
Quantitative Merit Goals	$0.00	$0.00	$0.00	$0.00	$0.00
Qualitative Merit Goals	$0.00	$0.00	$0.00	$0.00	$0.00
Additional Compensation - Describe:	$0.00	$0.00	$0.00	$0.00	$0.00
Total Additional Salary	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	$152,000.00	$155,040.00	$158,141.00	$161,304.00	$164,530.00
Total Premiums for:					
Health Insurance	$ 30,320	$ 30,320	$ 30,320	$ 30,320	$ 30,320
Prescription Insurance	$ 5,892	$ 5,892	$ 5,892	$ 5,892	$ 5,892
Less Employee Contribution of 35%	$ (10,863)	$ (10,863)	$ (10,863)	$ (10,863)	$ (10,863)
	$ 25,349	$ 25,349	$ 25,349	$ 25,349	$ 25,349
Dental Insurance	$ 141	$ 141	$ 141	$ 141	$ 141
Less Employee Contribution of 35%	$ (25)	$ (25)	$ (25)	$ (25)	$ (25)
	$ 116	$ 116	$ 116	$ 116	$ 116
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 2,800	$ 2,800	$ 2,800	$ 3,000	$ 3,000
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Total Health Benefit Compensation	$ 28,265	$ 28,265	$ 28,265	$ 28,465	$ 28,465
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$600.00	$600.00	$600.00	$600.00	$600.00
Professional Development (Estimated Annual Cost)	$500.00	$500.00	$500.00	$500.00	$500.00
Tuition Reimbursement	$0.00	$0.00	$0.00	$0.00	$0.00
Mentoring Expenses - Describe:	$0.00	$0.00	$0.00	$0.00	$0.00
National/State/County/Local/Other Dues	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00
Subscriptions	$0.00	$0.00	$0.00	$0.00	$0.00
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$0.00	$0.00	$0.00	$0.00	$0.00
Computer for Home use, including supplies, maintenance, internet	$0.00	$0.00	$0.00	$0.00	$0.00
Other - Describe:	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL OTHER COMPENSATION	$3,100.00	$3,100.00	$3,100.00	$3,100.00	$3,100.00
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$15,000.00	$15,000.00	$15,000.00	$15,000.00	$15,000.00
Max Paid for Unused Vacation Leave - Retirement or Separation	$17,538.46	$17,889.23	$18,247.04	$18,612.00	$18,984.23
Total Sick and Vacation Compensation	$32,538.46	$32,889.23	$33,247.04	$33,612.00	$33,984.23
TOTAL CONTRACT COSTS	$187,638.46	$191,029.23	$194,488.04	$198,016.00	$201,614.23

**Must be a valid DOE position

***The annual salary increment can be up to 2% for those who qualify--adjust the formula if the increment is less than 2%

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Township of Ocean						
Name: Kelly E. Weldon						
Date BOE Authorized Submission to County Office	4/24/2023					
District Grade Span	Pre-K to 12					
On Roll Students as of 10-15	3173					
	Year 1	Year 2	Year 3	Year 4	Year 5	
Contract Term:	2023-24	2024-25	2025-26	2026-27	2027-28	
Salary						
Salary	$ 210,000	$ 215,250	$ 220,631	$ -	$ -	
Longevity	$ -	$ -	$ -	$ -	$ -	
Shared Service	$ -	$ -	$ -	$ -	$ -	
Total Annual Salary	$ 210,000	$ 215,250	$ 220,631	$ -	$ -	
Additional Salary						
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -	
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -	
Total Additional Salary	$ -	$ -	$ -	$ -	$ -	
Total Annual Salary plus Additional Salary	$ 210,000	$ 215,250	$ 220,631	$ -	$ -	
Board Contribution for Cost of Premiums for:						
Health Insurance	$ 23,329	$ 24,495	$ 25,720	$ -	$ -	5% increase on family
Prescription Insurance	$ 4,528	$ 4,754	$ 4,992	$ -	$ -	5% increase on family
Dental Insurance	$ 1,168	$ 1,226	$ 1,288	$ -	$ -	5% increase on family
Vision Insurance	$ 150	$ 150	$ 150	$ -	$ -	annual payment amount
Disability Insurance	$ 190	$ 193	$ 197	$ -	$ -	Metlife
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -	
Life Insurance	$ -	$ -	$ -	$ -	$ -	
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -	
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -	
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -	
Board Contribution for Cost of Premiums	$ 29,365	$ 30,820	$ 32,347	$ -	$ -	
Employee contribution to health benefits as per law	$ 13,603	$ 14,283	$ 14,997	$ -	$ -	
Total Health Benefit Compensation	$ 15,762	$ 16,536	$ 17,350	$ -	$ -	
Other Compensation						
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,400	$ 2,400	$ 2,400	$ -	$ -	200 allowance per contract
Professional Development (Capped Amount or Estimated Annual Cost)	$ 2,500	$ 2,500	$ 2,500	$ -	$ -	$5,000 between PD and Dues
Tuition Reimbursement	$ 4,545	$ 4,545	$ 4,545	$ -	$ -	3 classes a year at avg rate of 505
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -	
National/State/County/Local/Other Dues	$ 2,500	$ 2,500	$ 2,500	$ -	$ -	
Subscriptions	$ -	$ -	$ -	$ -	$ -	
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 960	$ 960	$ 960	$ -	$ -	80 month
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -	
Other - Describe:	$ -	$ -	$ -	$ -	$ -	
Total Other Compensation	$ 12,905	$ 12,905	$ 12,905	$ -	$ -	
Sick and Vacation Compensation						
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ -	$ -	
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 32,308	$ 33,943	$ 34,792	$ -	$ -	maximum of 20 carryover and 20 earned
Total Sick and Vacation Compensation	$ 47,308	$ 48,943	$ 49,792	$ -	$ -	
TOTAL CONTRACT COSTS	$ 285,974	$ 293,635	$ 300,678	$ -	$ -	

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Oceanport Board of Education Grade Span: PreK-8				
Name: Dr. Karen Barry				
On Roll Students as of 10-15-23 - 573 students				
Yrs. As District Supt. 0 Total Year Experience as Supt. 4 years				
Vacation Days 20 Personal Days 5 Sick 12 Total				
Bereavement Days 5 Total	**Year 1**	**Year 2**	**Year 3**	**Year 4**
Contract Term: May 19, 2022 - June 30, 2027	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**
Salary				
Salary	$ 21,038	$ 168,000	$ 172,200	$176,075
Amount for High School	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) *Describe:	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -
Longevity	$ -		$ -	$ -
TOTAL ANNUAL SALARY	**$ 21,038**	**$ 168,000**	**$ 172,200**	**$ 176,075**
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 21,038**	**$ 168,000**	**$ 172,200**	**$ 176,075**
Total Premiums for:				
Health Insurance	$ -	$ 32,760	$ 32,760	$ 32,760
Prescription Insurance	$ -	0	$ -	0
Dental Insurance	$ -	$ 1,803	$ 1,803	$ 1,803
Vision Insurance	$ -	$ 84	$ 84	$ 84
Disability Insurance	$ -	$ 2,400	$ 2,400	$2,400
Other Insurance - Describe:	$ -	$ -	$ -	
Waiver of Benefits				
Total Cost of Premiums	$ -	$ 37,047	$ 37,047	$ 37,047
Employee Contribution to Premiums as Per Law		$ 10,149	$ 10,149	$ 10,419
TOTAL HEALTH BENEFITS COMPENSATION	**$ -**	**$ 26,898**	**$ 26,898**	**$ 26,628**
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 250	$ 2,000	$ 2,000	$2,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ 4,000	$ 4,000	$4,000
Tuition Reimbursement	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 105	$ 840	$ 840	$ 840
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 355**	**$ 6,840**	**$ 6,840**	**$ 6,840**
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement	$ 1,292	$ 9,046	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ -	$ 12,923	$ 13,246	$ 13,544
Total Sick and Vacation Compensation	$ 1,292	$ 21,969	$ 28,246	$ 28,544
TOTAL CONTRACT COSTS	**$ 22,685**	**$ 223,707**	**$ 234,184**	**$ 238,087**

* Must be an approved DOE Position

Revised 5/16/17

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Red Bank Borough School District					
Name: Jared Rumage					
Date BOE Authorized Submission to County Office					
District Grade Span		Pk-8			
On Roll Students as of 10-15		1366			
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term: 5 Years	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**
Salary					
Salary	$ 212,000	$ 218,360	$ 224,911	$ 231,808	$ 238,912
High School	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ 5,000	$ 5,000	$ 5,000
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 212,000	$ 218,360	$ 229,911	$ 236,808	$ 243,912
Additional Salary					
Quantitative Merit Goals					
Qualitative Merit Goals					
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -		$ -
Total Annual Salary plus Additional Salary	$ 212,000	$ 218,360	$ 229,911	$ 236,808	$ 243,912
Board Contribution for Cost of Premiums for:					
Health Insurance (includes Script and Dental)	$ 40,814	$ 43,263	$ 45,859	$ 48,610	$ 51,527
Prescription Insurance (Addressed under Health	$ -	$ -	$ -	$ -	$ -
Dental Insurance (Addressed under Health)	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 43,814	$ 46,263	$ 48,859	$ 51,610	$ 54,527
Employee contribution to health benefits as per law	$ 3,180	$ 3,275	$ 3,374	$ 3,477	$ 3,584
Total Health Benefit Compensation	$ 40,634	$ 42,987	$ 45,485	$ 48,133	$ 50,943
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost) OR ↓	$ 600	$ 600	$ 600	$ 600	$ 600
Professional Development (Capped Amount or Estimated Annual Cost)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues (NJASA)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Subscriptions	$ 500	$ 500	$ 500	$ 500	$ 500
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 1,200	$ 1,200	$ 1,200	$ 1,200	$ 1,200
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 12,300	$ 12,300	$ 12,300	$ 12,300	$ 12,300
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 24,462	$ 25,195	$ 25,951	$ 26,747	$ 27,567
Total Sick and Vacation Compensation	$ 39,462	$ 40,195	$ 40,951	$ 41,747	$ 42,567
TOTAL CONTRACT COSTS	$ 304,396	$ 313,843	$ 328,647	$ 338,988	$ 349,722

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Red Bank Regional High School
Name: Dr. Louis Moore
District Grade Span: Regional 9-12
On Roll Students as of 10-15-20: 1273

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2025-26**
Salary					
Base Salary**** See Note Below	$ 189,553	$ 196,672	$ 202,573	$ 208,651	$ 214,911
Shared Service		$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 189,553**	**$ 196,672**	**$ 202,573**	**$ 208,651**	**$ 214,911**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:					$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 189,553**	**$ 196,672**	**$ 202,573**	**$ 208,651**	**$ 214,911**
Total Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ 1,200	$ 1,200	$ 1,200	$ 1,200	$ 1,200
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Total Cost of Premiums	$ 6,200	$ 6,200	$ 6,200	$ 6,200	$ 6,200
Employee Contribution to Premiums as Per Law	$ -	$ -	$ -	$ -	$ -
TOTAL HEALTH BENEFITS COMPENSATION	**$ 6,200**	**$ 6,200**	**$ 6,200**	**$ 6,200**	**$ 6,200**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 700	$ 700	$ 700	$ 700	$ 700
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 7,700**	**$ 7,700**	**$ 7,700**	**$ 7,700**	**$ 7,700**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 18,226	$ 18,911	$ 19,478	$ 20,063	$ 20,665
Total Sick and Vacation Compensation	$ 33,226	$ 33,911	$ 34,478	$ 35,063	$ 35,665
TOTAL CONTRACT COSTS	**$ 236,679**	**$ 244,483**	**$ 250,951**	**$ 257,614**	**$ 264,476**

21-22 New Contract as of 7/1/21, however old salary from July 1-September 30 and new salary from Oct 1-June 30, 2022
New base for the 21-22 salary is $190,943 for the annual increase into 22-23

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Rumson - 4570	
Name: Dr. John Bormann	
Job Title: Superintendent of Schools	
District Grade Span	PK-8
On Roll Students as of 10-2022	907

Contract Term:	Year 1 2023-2024	Year 2 2024-2025	Year 3 2025-2026	Year 4 2026-2027	Year 5 2027-2028
Salary					
Salary	$ 208,275	$ 215,565	$ 223,109	$ 230,918	$ 239,000
Account for High School	$ -	$ -	$ -	$ -	$ -
Account for Additional Position(Principal,etc.) * Describe: n/a	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Salary Increase	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	$ 208,275	$ 215,565	$ 223,109	$ 230,918	$ 239,000
Additional Salary					
Quantitative Merit Goals OR	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	$ 209,775	$ 217,065	$ 224,609	$ 232,418	$ 240,500
Total Premium for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 11,818	$ 12,054	$ 12,295	$ 12,541	$ 12,792
Total Cost of Premiums	$ 11,818	$ 12,054	$ 12,295	$ 12,541	$ 12,792
Less Employee Contribution to Health Benefits as Per Law	$ -	$ -	$ -	$ -	$ -
TOTAL HEALTH BENEFITS COMPARISON	$ 11,818	$ 12,054	$ 12,295	$ 12,541	$ 12,792
Other Compensation					
Travel/Expense Reimbursement (Estimated Annual Cost)	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ 4,000	$ 4,000	$ 4,000	$ 4,000	$ 4,000
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 4,000	$ 4,000	$ 4,000	$ 4,000	$ 4,000
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 2,050	$ 1,800	$ 1,800	$ 1,800	$ 1,800
Computer for home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	$ 11,050	$ 10,800	$ 10,800	$ 10,800	$ 10,800
Sick and Vacation Compensation					
Maximum Payment for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ 38,451	$ 39,797	$ 41,189	$ 42,631	$ 44,123
Total Sick and Vacation Compensation	$ 53,451	$ 54,797	$ 56,189	$ 57,631	$ 59,123
TOTAL CONTRACT COSTS	$ 286,094	$ 294,716	$ 303,893	$ 313,390	$ 323,215

* Must be an approved DOE Position

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Rumson Fair Haven Regional High School District					
Name: Darren Groh					
Date BOE Authorized Submission to County Office	3/25/2022				
District Grade Span	9th -12				
On Roll Students as of 10-15	917				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2022-23**	**2023-24**	**2024-25**	**2025-26**	**2026-27**
Salary					
Salary	$ 215,000	$ 219,300	$ 223,686	$ 228,160	n/a
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 215,000	$ 219,300	$ 223,686	$ 228,160	$ -
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 215,000	$ 219,300	$ 223,686	$ 228,160	$ -
Board Contribution for Cost of Premiums for:					
Health Insurance	$ 127,080	$ 127,080	$ 127,080	$ 127,080	$ -
Prescription Insurance	$ 22,331	$ 22,331	$ 22,331	$ 22,331	$ -
Dental Insurance	$ 4,126	$ 4,126	$ 4,126	$ 4,126	$ -
Vision Insurance	$ 897	$ 897	$ 897	$ 897	$ -
Disability Insurance	$ 2,100	$ 2,100	$ 2,100	$ 2,100	$ -
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 156,534	$ 156,534	$ 156,534	$ 156,534	$ -
Employee contribution to health benefits as per law	$ 19,482	$ 19,482	$ 19,482	$ 19,482	$ -
Total Health Benefit Compensation	$ 137,052	$ 137,052	$ 137,052	$ 137,052	$ -
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ -
Tuition Reimbursement	$ 13,635	$ 13,635	$ 13,365	$ 13,365	$ -
Mentoring Expenses - Describe:SARP 1750 /MENTOR 2500	$ 4,250	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 5,967	$ 6,018	$ 6,081	$ 6,135	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 600	$ 600	$ 600	$ 600	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 27,952	$ 23,753	$ 23,546	$ 23,600	$ -
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ -
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 39,692.31	$ 40,486.15	$ 41,296	$ 42,122	$ -
Total Sick and Vacation Compensation	$ 54,692	$ 55,486	$ 56,296	$ 57,122	$ -
TOTAL CONTRACT COSTS	$ 434,696	$ 435,591	$ 440,580	$ 445,934	$ -

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SUPERINTENDENT

Detailed Statement of Contract Costs

District: Sea Girt Board of Education
Name: Richard C. Papera
District Grade Span: PreK-8
On Roll Students as of 10-15-21: 130

	Year 1	Year 2
Contract Term: July 1, 2021 - June 30, 2024	**2021-2022**	**2022-2023**
Salary		
Base Salary:	$160,434.00	$164,445.00
Shared Service	$0.00	$0.00
Longevity	$0.00	$0.00
TOTAL ANNUAL SALARY	**$160,434.00**	**$164,445.00**
Additional Salary		
Quantitative Merit Goals	$16,027.00	$16,428.00
Qualitative Merit Goals	$0.00	$0.00
Additional Compensation - Describe:	$0.00	$0.00
Total Additional Salary	$16,027.00	$16,428.00
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$176,461.00**	**$180,873.00**
Total Premiums for:		
Health Insurance	$21,399.00	$22,469.00
Prescription Insurance	$0.00	$0.00
Dental Insurance	$219.00	$225.00
Vision Insurance	$0.00	$0.00
Disability Insurance	$500.00	$500.00
Other Insurance - Describe:	$0.00	$0.00
Waiver of Benefits	$0.00	$0.00
Total Cost of Premiums	$22,118.00	$23,194.00
Employee Contribution to Premiums as Per Law	$7,741.00	$8,118.00
TOTAL HEALTH BENEFITS COMPENSATION	**$14,377.00**	**$15,076.00**
Other Compensation		
Travel and Expense Reimbursement (Estimated Annual Cost)	$200.00	$200.00
Professional Development (Capped Amount or Estimated Annual Cost)	$3,000.00	$3,000.00
Tuition Reimbursement	$11,000.00	$11,440.00
Mentoring Expenses - Describe:	$0.00	$0.00
National/State/County/Local/Other Dues	$1,945.00	$1,945.00
Subscriptions	$0.00	$0.00
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$720.00	$720.00
Computer for Home use, including supplies, maintenance, internet	$1,000.00	$1,000.00
Other - Describe:	$0.00	$0.00
TOTAL OTHER COMPENSATION	**$17,865.00**	**$18,305.00**
Sick and Vacation Compensation		
Max Paid for Unused Sick Leave Upon Retirement	$15,000.00	$15,000.00

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Max Paid for Unused Vacation Leave - Retirement or Separation	$16,660.00	$17,077.00
Total Sick and Vacation Compensation	$31,660.00	$32,077.00
TOTAL CONTRACT COSTS	**$240,363.00**	**$246,331.00**

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Year 3
2023-2024
$168,556.00
$0.00
$0.00
$168,556.00
$16,839.00
$0.00
$0.00
$16,839.00
$185,395.00
$23,593.00
$0.00
$232.00
$0.00
$500.00
$0.00
$0.00
$24,325.00
$8,514.00
$15,811.00
$200.00
$3,000.00
$11,898.00
$0.00
$1,945.00
$0.00
$720.00
$1,000.00
$0.00
$18,763.00
$15,000.00

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$17,504.00
$32,504.00
$252,473.00

SUPERINTENDENT

Detailed Statement of Contract Costs

District:	Shore Regional High School District		
Name:	Dr. Lisa English		
Date BOE Authorized Submission to County Office	5/18/2022		
District Grade Span	9-12		
On Roll Students as of 10-15	628		
	Year 1	**Year 2**	**Year 3**
Contract Term:	**2022-23**	**2023-24**	**2024-25**
Salary			
Salary	$ 182,000	$ 188,006	$ 194,210
Longevity	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -
Total Annual Salary	$ 182,000	$ 188,006	$ 194,210
Additional Salary			
Quantitative Merit Goals	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 182,000	$ 188,006	$ 194,210
Board Contribution for Cost of Premiums for:			
Health Insurance	$ 8,915	$ 8,915	$ 8,915
Prescription Insurance	$ 3,498	$ 3,498	$ 3,498
Dental Insurance	$ 427	$ 427	$ 427
Vision Insurance	$ -	$ -	$ -
Disability Insurance	$ 1,200	$ 1,200	$ 1,200
Long-term Care Insurance	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 14,040	$ 14,040	$ 14,040
Employee contribution to health benefits as per law	$ 3,210	$ 3,210	$ 3,210
Total Health Benefit Compensation	$ 10,830	$ 10,830	$ 10,830
Other Compensation			
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 1,500	$ 1,500	$ 1,500
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,750	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 4,000	$ 4,000	$ 4,000
Subscriptions	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 1,400	$ 1,400	$ 1,400
Computer for Home use, including supplies, maintenance, internet	$ 1,200	$ 1,200	$ 1,200
Other - Describe:	$ -	$ -	$ -
Total Other Compensation	$ 9,850	$ 8,100	$ 8,100
Sick and Vacation Compensation			
Max Paid for Unused Sick Leave Upon Retirement	$ 1,200	$ 2,400	$ 3,600
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 14,000	$ 15,000	$ 15,000
Total Sick and Vacation Compensation	$ 15,200	$ 17,400	$ 18,600
TOTAL CONTRACT COSTS	$ 217,880	$ 224,336	$ 231,740

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Shrewsbury Borough School District					
Name: Brent MacConnell: Contract Term: July 1st, 2021 through June 30th, 2026					
Date BOE Authorized Submission to County Office	August 16th, 2021				
District Grade Span	PreK - 8				
On Roll Students as of 10-19	458				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2021-2022**	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**
Salary					
Salary	$ 167,821	$ 173,695	$ 179,774	$ 186,067	$ 192,114
High School	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 167,821	$ 173,695	$ 179,774	$ 186,067	$ 192,114
Additional Salary					
Quantitative Merit Goals:3 Goals for up to 3.33% of base salary/goal	$ 16,765	$ 17,352	$ 17,959	$ 18,588	$ 19,192
Qualitative Merit Goals: 2 Goals for up to 2.5% of base salary/goal	$ 8,391	$ 8,685	$ 8,989	$ 9,303	$ 9,606
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Possible Additional Salary	$ 25,156	$ 26,037	$ 26,948	$ 27,891	$ 28,798
Total Annual Salary plus Additional Salary	$ 192,978	$ 199,732	$ 206,723	$ 213,958	$ 220,912
Board Contribution for Cost of Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits Maximun under SEHBP	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Employee contribution to health benefits as per law	$ -	$ -	$ -	$ -	$ -
Total Health Benefit Compensation	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -
Professional Development (Capped Amt / Estimated Annual Cost)	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000
Tuition Reimbursement-up to 18crd:@avg state rate of Rutgers&CNJ- yrs. 2-5 est.	$ 13,932	$ 13,932	$ 13,932	$ 13,932	$ 13,932
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues (yrs. 2-5 estimated)	$ 3,500	$ 3,500	$ 3,500	$ 3,500	$ 3,500
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 23,432	$ 23,432	$ 23,432	$ 23,432	$ 23,432
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave Upon Retirement	$ 16,137	$ 16,701	$ 17,286	$ 17,891	$ 18,473
Total Sick and Vacation Compensation	$ 31,137	$ 31,701	$ 32,286	$ 32,891	$ 33,473
TOTAL CONTRACT COSTS	$ 252,546	$ 259,865	$ 267,441	$ 275,282	$ 282,816