SCHOOL BUSINESS ADMINISTRATOR

Detailed Statement of Contract Costs

District: Sea Girt

Name: Deborah Trainor

Job Title: Interim Business Administrator/Board Secretary

District Grade Span: K-8

On Roll Students as of 10-15: 135

	2022-2023	2023-2024	Difference	% Inc
Salary				
Salary	$ 97,920	$ 8,160	$8,160	8.33%
Subcontracted Services	$ -	$ -		
Longevity	$ -	$ -		
TOTAL ANNUAL SALARY	**$ 97,920**	**$ 8,160**	**-$89,760**	**-91.67%**
Additonal Salary				
Quantitative Merit Goals	$ -	$ -		
Qualitative Merit Goals	$ -	$ -		
Additional Compensation - Describe:	$ -	$ -		
Total Additional Salary	$ -	$ -	$0	#DIV/0!
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 97,920**	**$ 8,160**	**-$89,760**	**-91.67%**
Board Contribution for Cost of Premiums for:				
Health Insurance	$ -	$ -		
Prescription Insurance	$ -	$ -		
Dental Insurance	$ -	$ -		
Vision Insurance	$ -	$ -		
Disability Insurance	$ -	$ -		
Other Insurance - Describe:	$ -	$ -		
Waiver of Benefits	$ -	$ -		
Section 125 Plan Reimbursements - Describe:	$ -	$ -		
Board Cost of Premiums	$ -	$ -	$0	#DIV/0!
Employee Contribution to Premiums as per Law	$ -	$ -	$0	#DIV/0!
TOTAL HEALTH BENEFITS COMPENSATION	**$ -**	**$ -**	**$0**	**#DIV/0!**
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -		
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -		
Tuition Reimbursement	$ -	$ -		
Mentoring Expenses - Describe: As required to obtan standard certificate	$ -	$ -		
National/State/County/Local/Other Dues	$ 500			
Subscriptions	$ -	$ -		
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -		
Computer for Home use, including supplies, maintenance, internet	$ -	$ -		
Other - Describe: Professional Liability Insurance & Bond Insurance	$ 750	$ 250		
TOTAL OTHER COMPENSATION	**$ 1,250**	**$ 250**	**-$1,000**	**-80.00%**
Sick and Vacation Compensation				
Maximum Payment for Unused Sick Leave Upon Retirement	$ -	$ -		
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ -	$ -		
TOTAL UNUSED SICK AND VACATION PAYMENT	**$ -**	**$ -**	**$0**	**#DIV/0!**
TOTAL CONTRACT COST	**$ 99,170**	**$ 8,410**	**-$90,760**	**-91.52%**

Revised 6-29-20

School Business Administrator

Detailed Statement of Contract Costs

District:	Shore Regional
Name:	Andrew Polo
Date BOE Authorized Submission to County Office	1/2/2024
District Grade Span	9-12
On Roll Students as of 10-15	558

Contract Term:	2022-23	2023-24	Dif,	% dif
Salary				
Salary		$ 43,529	$ 43,529	#DIV/0!
Longevity	$ -	$ -	$ -	#DIV/0!
Shared Service	$ -	$ -	$ -	#DIV/0!
Total Annual Salary	$ -	$ 43,529	$ 43,529	#DIV/0!
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	#DIV/0!
Qualitative Merit Goals	$ -	$ -	$ -	#DIV/0!
Total Additional Salary	$ -	$ -	$ -	#DIV/0!
Total Annual Salary plus Additional Salary	$ -	$ 43,529	$ 43,529	#DIV/0!
Board Contribution for Cost of Premiums for:				
Health Insurance			$ -	#DIV/0!
Prescription Insurance	$ -	$ -	$ -	#DIV/0!
Dental Insurance			$ -	#DIV/0!
Vision Insurance	$ -	$ -	$ -	#DIV/0!
Disability Insurance		$ 500	$ 500	#DIV/0!
Long-term Care Insurance	$ -	$ -	$ -	#DIV/0!
Life Insurance	$ -	$ -	$ -	#DIV/0!
Other Insurance - Describe:	$ -	$ -	$ -	#DIV/0!
Waiver of Benefits	$ -	$ 2,500	$ 2,500	#DIV/0!
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	#DIV/0!
Board Contribution for Cost of Premiums	$ -	$ 2,500	$ 3,000	#DIV/0!
Employee contribution to health benefits as per law			$ -	#DIV/0!
Total Health Benefit Compensation	$ -	$ 2,500	$ 3,000	#DIV/0!
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)		$ 250	$ 250	#DIV/0!
Professional Development (Capped Amount or Estimated Annual Cost)		$ 2,500	$ 2,500	#DIV/0!
Tuition Reimbursement		$ 3,000	$ 3,000	#DIV/0!
Mentoring Expenses - Describe:	$ -	$ -	$ -	#DIV/0!
National/State/County/Local/Other Dues		$ 1,500	$ 1,500	#DIV/0!
Subscriptions	$ -	$ -	$ -	#DIV/0!
Board Paid Cell Phone or Reimbursement for Personal Cell Phone		$ 400	$ 400	#DIV/0!
Computer for Home use, including supplies, maintenance, internet		$ 1,500	$ 1,500	#DIV/0!
Other - Describe:	$ -	$ -	$ -	#DIV/0!
Total Other Compensation	$ -	$ 9,150	$ 9,150	#DIV/0!
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement		$ 15,000	$ 15,000	#DIV/0!
Max Paid for Unused Vacation Leave - Retirement or Separation		$ 3,635	$ 3,635	#DIV/0!
Total Sick and Vacation Compensation	$ -	$ 18,635	$ 18,635	#DIV/0!
TOTAL CONTRACT COSTS	$ -	$ 73,814	$ 74,314	#DIV/0!

SCHOOL BUSINESS ADMINISTRATOR

Detailed Statement of Contract Costs

District: Shrewsbury Schools					
Name: Lindsey Case					
Job Title: School Business Administrator/Baord Secretary					
District Grade Span	K-8				
On Roll Students as of 10-15-22		471			
Contract Term:	**2022-2023**	**2023-2024**	**Difference**	**% Inc**	
Salary					
Salary	$ 83,015	$ 89,015			50% of current approv
Subcontracted Services	$ -	$ -			
Longevity	$ -	$ -			
Total Annual Salary	$ 83,015	$ 89,015	$ 6,000	7.23%	
Additional Salary					
Quantitative Merit Goals	$ -	$ -			
Qualitative Merit Goals	$ -	$ -			
Additional Compensation - Describe:	$ -	$ -			
Total Additional Salary	$ -	$ -	$ -		
Total Annual Salary plus Additional Salary	$ 83,015	$ 89,015	$ 6,000	7.23%	
Total Premium for:					
Health Insurance	$ -	$ -			
Prescription Insurance	$ -	$ -			
Dental Insurance	$ -	$ -			
Vision Insurance	$ -	$ -			
Disability Insurance	$ -	$ -			
Life Insurance	$ -	$ -			
Other Insurance - Describe:	$ -	$ -			
Waiver of Benefits	$ -	$ -			
Section 125 Plan Reimbursements - Describe:	$ -	$ -			
Total Cost of Premiums	$ -	$ -	$ -	#DIV/0!	
Less Employee Contribution to Health Benefits as Per Law	$ -	$ -	$ -	#DIV/0!	
Total Employee Health Benefit Compensation	$ -	$ -	$ -	#DIV/0!	
Other Compensation					
Travel/Expense Reimbursement (Capped Amount or Estimated Annual Cost)	$ -	$ -			
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -			
Tuition Reimbursement	$ -	$ -			
Mentoring Expenses - Describe:	$ -	$ -			
National/State/County/Local/Other Dues	$ 250	$ 250			
Subscriptions	$ -	$ -			
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -			
Computer for home use, including supplies, maintenance, internet	$ -	$ -			
Other - Describe: Technology Stipend	$ 1,200	$ 1,200			
Total Other Compensation	$ 1,450	$ 1,450	$ -	0.00%	
Sick and Vacation Compensation					
Maximum Payment for Unused Sick Leave Upon Retirement	$ -	$ -			
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ -	$ -			
Total Sick and Vacation Compensation	$ -	$ -			
TOTAL CONTRACT COSTS	$ 84,465	$ 90,465	$ 6,000	7.10%	

SUPERINTENDENT /SCHOOL BUSINESS ADMINISTRATOR

Detailed Statement of Contract Costs

District: Spring Lake Borough

Name: Stephen V. LaValva

District Grade Span: PreK - 8

On Roll Students as of 10-15 of the prior year: 154 (K-8), 50 (Public HS)

	Year 1	Year 2	Year 3
Contract Term:	2023-24	2024-25	2025-26
Salary			
Base Salary	$ 155,000	$ 158,100	$ 161,262
Shared Service	$ -	$ -	$ -
Longevity	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 155,000**	**$ 158,100**	**$ 161,262**
Additional Salary			
Quantitative Merit Goals	$ 5,000	$ 2,500	$ 2,500
Qualitative Merit Goals	$ -	$ -	$ -
Additional Compensation - Describe:			
Total Additional Salary	$ 5,000	$ 2,500	$ 2,500
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 160,000**	**$ 160,600**	**$ 163,762**
Total Premiums for:			
Health Insurance	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -
Waiver of Benefits	$ 4,000	$ 4,000	$ 4,000
Total Cost of Premiums	$ 4,000	$ 4,000	$ 4,000
Employee Contribution to Premiums as Per Law	$ -	$ -	$ -
TOTAL HEALTH BENEFITS COMPENSATION	**$ 4,000**	**$ 4,000**	**$ 4,000**
Other Compensation			
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ 2,000	$ -	$ -
National/State/County/Local/Other Dues	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -

SCHOOL BUSINESS ADMINISTRATOR

Detailed Statement of Contract Costs

District: SPRING LAKE HEIGHTS
Name: MATTHEW K VARLEY
Job Title: BOARD SECRETARY / BUSINESS ADMINISTRATOR
District Grade Span: Pre-K - 8
On Roll Students as of 10-15-22: 307

	2021-22	2022-23	Difference	% Inc
Salary				
Salary	$ 54,653	$ 55,746	$1,093	2.00%
Subcontracted Services	$ -	$ -		
Longevity	$ -	$ -		
TOTAL ANNUAL SALARY	**$ 54,653**	**$ 55,746**	**$1,093**	**2.00%**
Additonal Salary				
Quantitative Merit Goals	$ -	$ -		
Qualitative Merit Goals	$ -	$ -		
Additional Compensation - Describe:	$ -	$ -		
Total Additional Salary	$ -	$ -	$0	#DIV/0!
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 54,653**	**$ 55,746**	**$1,093**	**2.00%**
Board Contribution for Cost of Premiums for:				
Health Insurance	$ -	$ -		
Prescription Insurance	$ -	$ -		
Dental Insurance	$ -	$ -		
Vision Insurance	$ -	$ -		
Disability Insurance	$ -	$ -		
Other Insurance - Describe:	$ -	$ -		
Waiver of Benefits	$ -	$ -		
Section 125 Plan Reimbursements - Describe:	$ -	$ -		
Board Cost of Premiums	$ -	$ -	$0	#DIV/0!
Employee Contribution to Premiums as per Law	$ -	$ -	$0	#DIV/0!
TOTAL HEALTH BENEFITS COMPENSATION	**$ -**	**$ -**	**$0**	**#DIV/0!**
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 250	$ 1,000		
Professional Development (Capped Amount or Estimated Annual Cost)	$ 3,000	$ 2,000		
Tuition Reimbursement	$ -	$ -		
Mentoring Expenses - Describe:	$ -	$ -		
National/State/County/Local/Other Dues	$ 1,093	$ 1,115		
Subscriptions	$ -	$ -		
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -		
Computer for Home use, including supplies, maintenance, internet	$ -	$ -		
Other - Describe: Professional Liability Insurance & Bond Insurance	$ -	$ -		
TOTAL OTHER COMPENSATION	**$ 4,343**	**$ 4,115**	**-$228**	**-5.25%**
Sick and Vacation Compensation				
Maximum Payment for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000		
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ 5,000	$ 5,000		
TOTAL UNUSED SICK AND VACATION PAYMENT	**$ 20,000**	**$ 20,000**	**$0**	**0.00%**
TOTAL CONTRACT COST	**$ 78,996**	**$ 79,861**	**$865**	**1.09%**

Revised 5/16/17

BUSINESS ADMINISTRATOR

Detailed Statement of Contract Costs

District: TINTON FALLS PUBLIC SCHOOLS	
VINCENT DANIELS	
District Grade Span:	Pre K - Grade
On Roll Students as of 10-15-22	1373
	Year 1
Contract Term:	**2023-2024**
Salary	
Salary	$ 169,912
Amount for High School	$ -
Amount for Additional Position (Principal, etc.) *Describe:	$ -
Shared Service	$ -
Salary Increase (up to 2% for successive contracts)	$ -
Longevity	
TOTAL ANNUAL SALARY	**$ 169,912**
Additional Salary	
Quantitative Merit Goals	$ 3,398
Qualitative Merit Goals	$ 4,248
Additional Compensation - Describe:	$ -
Total Additional Salary	$ 7,646
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 177,558**
Total Premiums for:	
Health Insurance	$ 38,089
Prescription Insurance	inc. above
Dental Insurance	$ 899
Vision Insurance	$ -
Disability Insurance	$ 1,500
Other Insurance - Describe:	$ -
Waiver of Benefits	$ -
Total Cost of Premiums	$ 40,488
Employee Contribution to Premiums as Per Law (26% cap per contract eff. 2/1/20)	$ 10,137
TOTAL HEALTH BENEFITS COMPENSATION	**$ 30,351**
Other Compensation	
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 500
Professional Development (Capped Amount or Estimated Annual Cost)	$ 500
Tuition Reimbursement	$ -
Mentoring Expenses - Describe:	$ -
National/State/County/Local/Other Dues	$ 4,500
Subscriptions	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 960
Computer for Home use, including supplies, maintenance, internet	$ -
Other - Describe:	$ -
TOTAL OTHER COMPENSATION	**$ 6,460**
Sick and Vacation Compensation	
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 26,140
Total Sick and Vacation Compensation	$ 41,140
TOTAL CONTRACT COSTS	**$ 255,509**

* Must be an approved DOE Position

Revised 5/16/17

Business Administrator/Board Secretary (New Hire)

Detailed Statement of Contract Costs

District: Township of Ocean
Name: Geoffrey Hastings

Date BOE Authorized Submission to County Office	6/9/2023
District Grade Span	Pre K to 12
On Roll Students as of 10-15	3173

Contract Term:	2022-23	2023-24	Dif.	% dif	
Salary					
Salary		$ 187,500	$ 187,500	#DIV/0!	
Longevity	$ -	$ -	$ -	#DIV/0!	
Shared Service	$ -	$ -	$ -	#DIV/0!	
Total Annual Salary	$ -	$ 187,500	$ 187,500	#DIV/0!	
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	#DIV/0!	
Qualitative Merit Goals	$ -	$ -	$ -	#DIV/0!	
Total Additional Salary	$ -	$ -	$ -	#DIV/0!	
Total Annual Salary plus Additional Salary	$ -	$ 187,500	$ 187,500	#DIV/0!	
Board Contribution for Cost of Premiums for:					
Health Insurance	$	$ 21,497	#VALUE!	#VALUE!	
Prescription Insurance		$ 4,478	$ 4,478	#DIV/0!	changed prescription plan
Dental Insurance		$ 1,168	$ 1,226	#DIV/0!	changed dental plan
Vision Insurance		$ 150	$ 150	#DIV/0!	
Disability Insurance		$ 193	$ 197	#DIV/0!	
Long-term Care Insurance	$ -	$ -	$ -	#DIV/0!	
Life Insurance	$ -	$ -	$ -	#DIV/0!	
Other Insurance - Describe:	$ -	$ -	$ -	#DIV/0!	
Waiver of Benefits	$ -	$ -	$ -	#DIV/0!	
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	#DIV/0!	
Board Contribution for Cost of Premiums	$ -	$ 27,486	#VALUE!	#VALUE!	
Employee contribution to health benefits as per law		$ 4,500	$ -	#DIV/0!	
Total Health Benefit Compensation	$ -	$ 22,986	#VALUE!	#VALUE!	
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)		$ 600	$ 600	#DIV/0!	
Professional Development (Capped Amount or Estimated Annual Cost)	\	$ 2,000	#VALUE!	#VALUE!	
Tuition Reimbursement		$ -	$ -	#DIV/0!	
Mentoring Expenses - Describe:	$ -	$ -	$ -	#DIV/0!	
National/State/County/Local/Other Dues		$ 2,800	$ 2,800	#DIV/0!	
Subscriptions	$ -	$ -	$ -	#DIV/0!	
Board Paid Cell Phone or Reimbursement for Personal Cell Phone		$ 960	$ 960	#DIV/0!	
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	#DIV/0!	
Other - Describe:	$ -	$ -	$ -	#DIV/0!	
Total Other Compensation	$ -	$ 6,360	#VALUE!	#VALUE!	
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement		$ 15,000	$ 15,000	#DIV/0!	
Max Paid for Unused Vacation Leave - Retirement or Separation	$ -	$ 28,846	$ 28,846	#DIV/0!	
Total Sick and Vacation Compensation	$ -	$ 43,846	$ 43,846	#DIV/0!	
TOTAL CONTRACT COSTS	$ -	$ 260,692	#VALUE!	#VALUE!	

Business Administrator/Assistant Superintendent

Detailed Statement of Contract Costs

District: Union Beach				
Name: George Gahles				
Date BOE Authorized Submission to County Office	5/23/2023			
District Grade Span	PreK-8			
On Roll Students as of 10-15	638			
Contract Term:	2022-23	2023-24	Dif.	% dif
Salary				
Salary	$ 129,000	$ 133,193	$ 4,193	3.25%
Longevity	$ -	$ -	$ -	#DIV/0!
Shared Service	$ -	$ -	$ -	#DIV/0!
Total Annual Salary	$ 129,000	$ 133,193	$ 4,193	3.25%
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	#DIV/0!
Qualitative Merit Goals	$ -	$ -	$ -	#DIV/0!
Total Additional Salary	$ -	$ -	$ -	#DIV/0!
Total Annual Salary plus Additional Salary	$ 129,000	$ 133,193	$ 4,193	3.25%
Board Contribution for Cost of Premiums for:				
Health Insurance	$ 27,072	$ 27,072	$ -	0.00%
Prescription Insurance	$ -	$ -	$ -	#DIV/0!
Dental Insurance	$ 1,500	$ 1,500	$ -	0.00%
Vision Insurance	$ -	$ -	$ -	#DIV/0!
Disability Insurance	$ -	$ -	$ -	#DIV/0!
Long-term Care Insurance	$ -	$ -	$ -	#DIV/0!
Life Insurance	$ -	$ -	$ -	#DIV/0!
Other Insurance - Describe:	$ -	$ -	$ -	#DIV/0!
Waiver of Benefits	$ -	$ -	$ -	#DIV/0!
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	#DIV/0!
Board Contribution for Cost of Premiums	$ 28,572	$ 28,572	$ -	0.00%
Employee contribution to health benefits as per law	$ 9,000	$ 9,000	$ -	0.00%
Total Health Benefit Compensation	$ 19,572	$ 19,572	$ -	0.00%
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -	$ -	#DIV/0!
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,000	$ 1,000	$ -	0.00%
Tuition Reimbursement	$ 2,500	$ 2,500	$ -	0.00%
Mentoring Expenses - Describe:	$ -	$ -	$ -	#DIV/0!
National/State/County/Local/Other Dues	$ 500	$ 500	$ -	0.00%
Subscriptions	$ -	$ -	$ -	#DIV/0!
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	#DIV/0!
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	#DIV/0!
Other - Describe:	$ -	$ -	$ -	#DIV/0!
Total Other Compensation	$ 4,000	$ 4,000	$ -	0.00%
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement	$ 7,500	$ 7,500	$ -	0.00%
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 4,808	$ 4,808	$ -	0.00%
Total Sick and Vacation Compensation	$ 12,308	$ 12,308	$ -	0.00%
TOTAL CONTRACT COSTS	$ 164,880	$ 169,073	$ 4,193	2.54%

	A	B	C	D	E	F
1	**Interim Business Administrator**					
2	**Detailed Statement of Contract Costs**					
3	District: Upper Freehold Regional					
4	Name: David Joye					
5	District Grade Span: PreK - 12					
6	On Roll Students as of 10-20 of the prior year 2015					
7		Year 1				
8	Contract Term: Feb 7, 2024- September 16, 2024					
9	Salary					
10	Base Salary will be prorated upon Est. start date of Feb 7, 2024	$ 90,000				
11	Annual Cummulative Salary Increase					
12	Amount for High School	$ -				
13	Amount for Additional Position (Principal, etc.) **Describe: Asst. Supt.	$ -				
14	Shared Service	$ -				
15	Longevity	$ -				
16	Annual Salary	$ 90,000				
17	Annual Salary Increase	$ -				
18	**TOTAL ANNUAL SALARY**	**$ 90,000**				
19						
20	Additional Salary					
21	Quantitative Merit Goals	$ -				
22	Qualitative Merit Goals	$ -				
23	Additional Compensation - Describe:	$ -				
24	Total Additional Salary	$ -				
25	**TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION**	**$ 90,000**				
26						
27	Total Premiums for:					
28	Health Insurance Including RX	$ -				
29	Prescription Insurance	$ -				
30	Dental Insurance	$ -				
31	Vision Insurance	$ -				
32	Disability Insurance	$ -				
33	Other Insurance - Describe:	$ -				
34	Waiver of Benefits	$ -				
35	Total Cost of Premiums	$ -				
36	Employee Contribution to Premiums as Per Law	$ -				
37	**TOTAL HEALTH BENEFITS COMPENSATION**	**$ -**				
38	Other Compensation					
39	Travel and Expense Reimbursement (Estimated Annual Cost)	$ -				
40	Professional Development (Capped Amount or Estimated Annual Cost)	$ -				
41	Tuition Reimbursement	$ -				
42	Mentoring Expenses - Describe:	$ -				
43	National/State/County/Local/Other Dues	$ -				
44	Subscriptions	$ -				
45	Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -				
46	Computer for Home use, including supplies, maintenance, internet	$ -				
47	Other - Describe:	$ -				
48	**TOTAL OTHER COMPENSATION**	**$ -**				
49						
50	Sick and Vacation Compensation					
51	Max Paid for Unused Sick Leave Upon Retirement	$ -				
52	Max Paid for Unused Vacation Leave - Retirement or Separation	$ -				
53	Total Sick and Vacation Compensation	$ -				
54	**TOTAL CONTRACT COSTS**	**$ 90,000**				
55	**Must be a valid DOE position					

Business Administrator

Detailed Statement of Contract Costs

District: Wall Township Public Schools
Name: Brian Smyth

Date BOE Authorized Submission to County Office	6/14/2022
District Grade Span	K-12
On Roll Students as of 10-15	3233

Contract Term:	2022-23	2023-24	Dif.	% dif
Salary				
Salary	$ 193,615	$ 199,811	$ 6,196	3.20%
Longevity	$ -	$ -	$ -	
Shared Service	$ -	$ -	$ -	
Total Annual Salary	$ 193,615	$ 199,811	$ 6,196	3.20%
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	
Qualitative Merit Goals	$ -	$ -	$ -	
Total Additional Salary	$ -	$ -	$ -	
Total Annual Salary plus Additional Salary	$ 193,615	$ 199,811	$ 6,196	3.20%
Board Contribution for Cost of Premiums for:				
Health Insurance	$ 28,356	$ 35,360	$ 7,004	24.70%
Prescription Insurance	$ 7,236	$ 6,205	$ (1,031)	-14.25%
Dental Insurance	$ 2,981	$ 2,951	$ (30)	-1.00%
Vision Insurance	$ -	$ -	$ -	
Disability Insurance	$ 2,895	$ 2,893	$ (2)	-0.07%
Long-term Care Insurance	$ -	$ -	$ -	
Life Insurance	$ -	$ -	$ -	
Other Insurance - Describe:	$ -	$ -	$ -	
Waiver of Benefits	$ -	$ -	$ -	
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	0.00%
Total Cost of Premiums	$ 41,468	$ 47,409	$ 5,942	14.33%
Employee contribution to health benefits as per law (30%)	$ 11,572	$ 13,355	$ 1,783	15.41%
Total Health Benefit Compensation	$ 29,896	$ 34,054	$ 4,159	13.91%
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ 200	$ 200	
Professional Development (Capped Amount or Estimated Annual Cost)	$ 500	$ 5,000	$ 4,500	900.00%
Tuition Reimbursement	$ -	$ -	$ -	
Mentoring Expenses - Describe:	$ -	$ -	$ -	
National/State/County/Local/Other Dues	$ 1,190	$ 2,000	$ 810	68.07%
Subscriptions	$ -	$ -	$ -	
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	
Other - Describe:	$ -	$ -	$ -	0.00%
Total Other Compensation	$ 1,690	$ 7,200	$ 5,510	326.04%
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement	$ 67,904	$ 67,904	$ -	0.00%
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 29,510	$ 29,510	$ -	0.00%
Total Sick and Vacation Compensation	$ 97,414	$ 97,414	$ -	0.00%
TOTAL CONTRACT COSTS	$ 322,615	$ 338,479	$ 15,864	4.92%

Business Administrator

Detailed Statement of Contract Costs

˚strict:	West Long Branch
Name:	Corey Lowell
Date BOE Authorized Submission to County Office	
District Grade Span	PK-8
On Roll Students as of 10-15	552

Contract Term:	2022-23	2023-24	Dif.	% dif
Salary				
Salary	$ -	$ 145,000	$ 145,000	#DIV/0!
Longevity	$ -	$ -	$ -	#DIV/0!
Shared Service	$ -	$ -	$ -	#DIV/0!
Total Annual Salary	$ -	$ 145,000	$ 145,000	#DIV/0!
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	#DIV/0!
Qualitative Merit Goals	$ -	$ -	$ -	#DIV/0!
Total Additional Salary	$ -	$ -	$ -	#DIV/0!
Total Annual Salary plus Additional Salary	$ -	$ 145,000	$ 145,000	#DIV/0!
Board Contribution for Cost of Premiums for:				
Health Insurance	$ -	$ 37,345	$ 37,345	#DIV/0!
Prescription Insurance	$ -	$ -	$ -	#DIV/0!
Dental Insurance	$ -	$ 1,103	$ 1,103	#DIV/0!
Vision Insurance	$ -	$ -	$ -	#DIV/0!
Disability Insurance	$ -		$ -	#DIV/0!
Long-term Care Insurance	$ -	$ -	$ -	#DIV/0!
Life Insurance	$ -	$ -	$ -	#DIV/0!
Other Insurance - Describe:	$ -	$ -	$ -	#DIV/0!
Waiver of Benefits	$ -	$ -	$ -	#DIV/0!
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	#DIV/0!
Board Contribution for Cost of Premiums	$ -	$ 38,448	$ 38,448	#DIV/0!
Employee contribution to health benefits as per law	$ -	$ 4,905	$ 4,905	#DIV/0!
Total Health Benefit Compensation	$ -	$ 33,543	$ 33,543	#DIV/0!
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ 3,000	$ 3,000	#DIV/0!
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ 1,500	$ 1,500	#DIV/0!
Tuition Reimbursement	$ -	$ -	$ -	#DIV/0!
Mentoring Expenses - Describe:	$ -	$ -	$ -	#DIV/0!
National/State/County/Local/Other Dues	$ -	$ 3,000	$ 3,000	#DIV/0!
Subscriptions	$ -	$ 300	$ 300	#DIV/0!
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	#DIV/0!
Computer for Home use, including supplies, maintenance, internet	$ -	$ 1,200	$ 1,200	#DIV/0!
Other - Describe:	$ -	$ -	$ -	#DIV/0!
Total Other Compensation	$ -	$ 9,000	$ 9,000	#DIV/0!
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement	$ -	$ 6,692	$ 6,692	#DIV/0!
Max Paid for Unused Vacation Leave - Retirement or Separation	$ -	$ 11,154	$ 11,154	#DIV/0!
Total Sick and Vacation Compensation	$ -	$ 17,846	$ 17,846	#DIV/0!
TOTAL CONTRACT COSTS	$ -	$ 205,389	$ 205,389	#DIV/0!