

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs

District: Marlboro Township Board of Education

Name: Vincent Caravello

Job Title: School Business Administrator/Board Secretary

District Grade Span

K - 8

On Roll Students as of 10-15-22

4,627

|                                                                       | 2022-2023  | 2023-2024  | Difference | % Inc  |
|-----------------------------------------------------------------------|------------|------------|------------|--------|
| <b>Contract Term:</b>                                                 |            |            |            |        |
| <b>Salary</b>                                                         |            |            |            |        |
| Salary                                                                | \$ 159,908 | \$ 159,908 | \$ -       | 0.00%  |
| Subcontracted Services                                                | \$ -       | \$ -       |            |        |
| Longevity                                                             |            |            |            |        |
| Total Annual Salary                                                   | \$ 159,908 | \$ 159,908 | \$ -       | 0.00%  |
| <b>Additional Salary</b>                                              |            |            |            |        |
| Quantitative Merit Goals                                              | \$ -       | \$ -       |            |        |
| Qualitative Merit Goals                                               |            |            | \$ -       |        |
| Additional Compensation - Describe:                                   | \$ -       | \$ -       |            |        |
| Total Additional Salary                                               | \$ -       | \$ -       | \$ -       |        |
| Total Annual Salary plus Additional Salary                            | \$ 159,908 | \$ 159,908 | \$ -       | 0.00%  |
| <b>Total Premium for:</b>                                             |            |            |            |        |
| Health Insurance                                                      | \$ 34,507  | \$ 40,946  |            |        |
| Prescription Insurance                                                | \$ -       | \$ -       |            |        |
| Dental Insurance                                                      | \$ 1,161   | \$ 1,161   |            |        |
| Vision Insurance                                                      | \$ -       | \$ -       |            |        |
| Disability Insurance                                                  | \$ 1,000   | \$ 1,000   |            |        |
| Life Insurance                                                        | \$ -       | \$ -       |            |        |
| Other Insurance - Describe:                                           | \$ -       | \$ -       |            |        |
| Waiver of Benefits                                                    | \$ -       | \$ -       |            |        |
| Section 125 Plan Reimbursements - Describe:                           | \$ -       | \$ -       |            |        |
| Total Cost of Premiums                                                | \$ 36,669  | \$ 43,107  | \$ 6,439   | 17.56% |
| Less Employee Contribution to Health Benefits as Per Law              | \$ 8,972   | \$ 10,646  | \$ 1,674   | 18.66% |
| Total Employee Health Benefit Compensation                            | \$ 27,697  | \$ 32,461  | \$ 4,765   | 17.20% |
| <b>Other Compensation</b>                                             |            |            |            |        |
| Travel/Expense Reimbursement (Capped Amount or Estimated Annual Cost) | \$ -       | \$ -       |            |        |
| Professional Development (Capped Amount or Estimated Annual Cost)     | \$ 5,000   | \$ 5,000   |            |        |
| Tuition Reimbursement                                                 | \$ -       | \$ -       |            |        |
| Mentoring Expenses - Describe:                                        | \$ -       | \$ -       |            |        |
| National/State/County/Local/Other Dues                                | \$ -       | \$ -       |            |        |
| Subscriptions                                                         | \$ -       | \$ -       |            |        |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone        | \$ 1,200   | \$ 1,200   |            |        |
| Computer for home use, including supplies, maintenance, internet      | \$ -       | \$ -       |            |        |
| Other - Describe:                                                     | \$ -       | \$ -       |            |        |
| Total Other Compensation                                              | \$ 6,200   | \$ 6,200   | \$ -       | 0.00%  |
| <b>Sick and Vacation Compensation</b>                                 |            |            |            |        |
| Maximum Payment for Unused Sick Leave Upon Retirement                 | \$ 15,000  | \$ 15,000  |            |        |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation  | \$ 12,301  | \$ 12,301  |            |        |
| Total Sick and Vacation Compensation                                  | \$ 27,301  | \$ 27,301  |            |        |
| <b>TOTAL CONTRACT COSTS</b>                                           | \$ 221,105 | \$ 225,870 | \$ 4,765   | 2.15%  |

**School Business Administrator/Board Secretary  
Detailed Statement of Contract Costs**

District: Matawan Aberdeen Regional School District

Name: Lindsey Case

Job Title: School Business Administrator/Board Secretary

District Grade Span: K-12

On Roll Students as of 10-15: 4,011

Contract Term: 07/01/2024- 06/30/2025

|  |  |
|--|--|
|  |  |
|  |  |

| 2023-2024 | 2024-2025 | Difference | % Inc |
|-----------|-----------|------------|-------|
|           |           |            | 3.7   |

**Salary**

Base Salary

|           |           |
|-----------|-----------|
| \$221,988 | \$230,201 |
|-----------|-----------|

Subcontracted Services

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Longevity

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

|                          |           |           |
|--------------------------|-----------|-----------|
| Total Pensionable Salary | \$221,988 | \$230,201 |
|--------------------------|-----------|-----------|

**Additional Salary**

Quantitative Merit Goals

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Qualitative Merit Goals

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Stipend - Describe

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Additional Compensation - Describe:

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

|                              |           |           |          |
|------------------------------|-----------|-----------|----------|
| Total Non-Pensionable Salary | \$221,988 | \$230,201 | \$ 8,213 |
|------------------------------|-----------|-----------|----------|

Total Salary (pensionable + non-pensionable)

**Total Cost of Premiums (Board + employee contribution) for:**

Health Insurance

|           |           |
|-----------|-----------|
| \$ 29,937 | \$ 30,959 |
|-----------|-----------|

Prescription Insurance

|          |          |
|----------|----------|
| \$ 6,405 | \$ 8,018 |
|----------|----------|

Dental Insurance

|          |          |
|----------|----------|
| \$ 1,214 | \$ 1,275 |
|----------|----------|

Vision Insurance

|        |        |
|--------|--------|
| \$ 300 | \$ 300 |
|--------|--------|

Disability Insurance

|        |        |
|--------|--------|
| \$ 448 | \$ 448 |
|--------|--------|

Long-term Care Insurance

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Life Insurance

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Other Insurance - Describe:

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

|                        |           |           |      |
|------------------------|-----------|-----------|------|
| Total Cost of Premiums | \$ 38,304 | \$ 41,000 | \$ - |
|------------------------|-----------|-----------|------|

|                                                     |          |          |
|-----------------------------------------------------|----------|----------|
| Employee contribution to health benefits as per law | \$ 9,366 | \$ 9,000 |
|-----------------------------------------------------|----------|----------|

|                                             |           |           |
|---------------------------------------------|-----------|-----------|
| Net Total Board Health Benefit Compensation | \$ 28,938 | \$ 32,000 |
|---------------------------------------------|-----------|-----------|

**Other Compensation**

Health Benefits waiver

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Travel and Expense Reimbursement (Estimated Annual Cost)

|          |          |
|----------|----------|
| \$ 1,500 | \$ 3,600 |
|----------|----------|

Professional Development (Capped Amount or Estimated Annual Cost)

|          |          |
|----------|----------|
| \$ 2,500 | \$ 4,500 |
|----------|----------|

Tuition Reimbursement

|          |          |
|----------|----------|
| \$ 5,000 | \$ 5,000 |
|----------|----------|

Mentoring Expenses - Describe:

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

National/State/County/Local/Other Dues

|          |          |
|----------|----------|
| \$ 2,500 | \$ 3,000 |
|----------|----------|

Subscriptions

|        |        |
|--------|--------|
| \$ 300 | \$ 500 |
|--------|--------|

Board Paid Cell Phone or Reimbursement for Personal Cell Phone

|          |          |
|----------|----------|
| \$ 2,100 | \$ 2,700 |
|----------|----------|

Computer for Home use, including supplies, maintenance, Internet

|      |      |
|------|------|
| \$ - | \$ - |
|------|------|

Other - Describe: Car Allowance

|          |          |
|----------|----------|
| \$ 3,000 | \$ 3,600 |
|----------|----------|

|                          |           |           |
|--------------------------|-----------|-----------|
| Total Other Compensation | \$ 16,900 | \$ 22,900 |
|--------------------------|-----------|-----------|

**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

|           |           |
|-----------|-----------|
| \$ 33,077 | \$ 35,415 |
|-----------|-----------|

|                                      |           |           |          |
|--------------------------------------|-----------|-----------|----------|
| Total Sick and Vacation Compensation | \$ 48,077 | \$ 50,415 | \$ 2,338 |
|--------------------------------------|-----------|-----------|----------|

**TOTAL CONTRACT COSTS**

|  |            |            |           |
|--|------------|------------|-----------|
|  | \$ 316,903 | \$ 335,516 | \$ 18,613 |
|--|------------|------------|-----------|

|                               |  |
|-------------------------------|--|
| SCHOOL BUSINESS ADMINISTRATOR |  |
|-------------------------------|--|

### Detailed Statement of Contract Costs

District: Middletown Township

Name: Amy P. Doherty

Job Title: Business Administrator/Board Secretary

District Grade Span: PreK - 12

|                                         |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|
| <b>On Roll Students as of 10-15-22:</b> |  |  |  |  |  |
| 8784.0                                  |  |  |  |  |  |

[illegible]

# BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs

|                                                                      |            |                   |
|----------------------------------------------------------------------|------------|-------------------|
| District: Millstone Township School District                         |            |                   |
| Name: Bernard Biesiada                                               |            |                   |
| Job Title: School Business Administrator/Board Secretary             |            |                   |
| District Grade Span                                                  | K-8        |                   |
| Contract Term:                                                       | 2022-2023  |                   |
| <b>Salary</b>                                                        |            |                   |
| Base Salary                                                          | \$ 178,490 |                   |
| Subcontracted Services                                               | \$ -       |                   |
| Longevity                                                            | \$ -       |                   |
| Total Pensionable Salary                                             |            | \$ 186,872        |
| <b>Additonal Salary</b>                                              |            |                   |
| Quantitative Merit Goals                                             | \$ -       |                   |
| Qualitative Merit Goals                                              | \$ -       |                   |
| Stipend - Describe                                                   | \$ 10,112  |                   |
| Additional Compensation - Describe:                                  | \$ -       |                   |
| Total Non-Pensionable Salary                                         |            | \$ 10,112         |
| Total Salary Compensation                                            |            | \$ 196,984        |
| <b>Board Contribution for Cost of Premiums for:</b>                  |            |                   |
| Health Insurance                                                     | \$ 27,938  |                   |
| Prescription Insurance                                               | \$ 5,812   |                   |
| Dental Insurance                                                     | \$ 1,784   |                   |
| Vision Insurance                                                     | \$ -       |                   |
| Disability Insurance                                                 | \$ -       |                   |
| Long-term Care Insurance                                             | \$ -       |                   |
| Life Insurance                                                       | \$ -       |                   |
| Other Insurance - Describe:                                          | \$ -       |                   |
| Waiver of Benefits                                                   | \$ -       |                   |
| Section 125 Plan Reimbursements - Describe:                          | \$ -       |                   |
| Board Contribution for Cost of Premiums                              |            | \$ 35,535         |
| Employee contribution to health benefits as per law                  |            | \$ 9,000          |
| Total Health Benefit Compensation                                    |            | \$ 26,535         |
| <b>Other Compensation</b>                                            |            |                   |
| Travel and Expense Reimbursement (Estimated Annual Cost)             | \$ 1,800   |                   |
| Professional Development (Capped Amount or Estimated Annual Cost)    | \$ 1,800   |                   |
| Tuition Reimbursement                                                | \$ 3,000   |                   |
| Mentoring Expenses - Describe:                                       | \$ -       |                   |
| National/State/County/Local/Other Dues                               | \$ 1,200   |                   |
| Subscriptions                                                        | \$ -       |                   |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone       | \$ 500     |                   |
| Computer for Home use, including supplies, maintenance, internet     | \$ 1,500   |                   |
| Other - Describe:                                                    | \$ -       |                   |
| Total Other Compensation                                             |            | \$ 9,800          |
| <b>Sick and Vacation Compensation</b>                                |            |                   |
| Maximum Payment for Unused Sick Leave Upon Retirement                | \$ 15,000  |                   |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation | \$ 25,874  |                   |
| Total Sick and Vacation Compensation                                 |            | \$ 40,874         |
| <b>TOTAL CONTRACT COSTS</b>                                          |            | <b>\$ 274,193</b> |

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs

District: MONMOUTH BEACH PUBLIC SCHOOLS

Name: LORRAINE SIMON

Job Title: SCHOOL BUSINESS ADMINISTRATOR / BOARD SECRETARY

| District Grade Span                                                   |  | Pre-K to 8th Grade |            |            |       |
|-----------------------------------------------------------------------|--|--------------------|------------|------------|-------|
| On Roll Students as of 10-15-22                                       |  | 225                |            |            |       |
| Contract Term:                                                        |  | 2022-23            | 2023-24    | Difference | % Inc |
| <b>Salary</b>                                                         |  |                    |            |            |       |
| Salary                                                                |  | \$ -               | \$ 90,000  |            |       |
| Subcontracted Services                                                |  | \$ -               | \$ -       |            |       |
| Longevity                                                             |  | \$ -               | \$ -       |            |       |
| Total Annual Salary                                                   |  | \$ -               | \$ 90,000  | \$ 90,000  |       |
| <b>Additional Salary</b>                                              |  |                    |            |            |       |
| Quantitative Merit Goals                                              |  | \$ -               | \$ -       |            |       |
| Qualitative Merit Goals                                               |  | \$ -               | \$ -       |            |       |
| Additional Compensation - Describe:                                   |  | \$ -               | \$ -       |            |       |
| Total Additional Salary                                               |  | \$ -               | \$ -       | \$ -       |       |
| Total Annual Salary plus Additional Salary                            |  | \$ -               | \$ 90,000  | \$ 90,000  |       |
| <b>Total Premium for:</b>                                             |  |                    |            |            |       |
| Health Insurance                                                      |  | \$ -               | \$ 37,691  | \$ 37,691  |       |
| Prescription Insurance                                                |  | \$ -               | \$ -       | \$ -       |       |
| Dental Insurance                                                      |  | \$ -               | \$ 1,440   | \$ 1,440   |       |
| Vision Insurance                                                      |  | \$ -               | \$ 169     | \$ 169     |       |
| Disability Insurance                                                  |  | \$ -               | \$ -       |            |       |
| Life Insurance                                                        |  | \$ -               | \$ -       |            |       |
| Other Insurance - Describe:                                           |  | \$ -               | \$ -       |            |       |
| Waiver of Benefits                                                    |  | \$ -               | \$ -       |            |       |
| Section 125 Plan Reimbursements - Describe:                           |  | \$ -               | \$ -       |            |       |
| Total Cost of Premiums                                                |  | \$ -               | \$ 39,300  | \$ 39,300  |       |
| Less Employee Contribution to Health Benefits as Per Law              |  | \$ -               | \$ 5,400   | \$ 5,400   |       |
| Total Employee Health Benefit Compensation                            |  | \$ -               | \$ 33,900  | \$ 33,900  |       |
| <b>Other Compensation</b>                                             |  |                    |            |            |       |
| Travel/Expense Reimbursement (Capped Amount or Estimated Annual Cost) |  | \$ -               | \$ 500     |            |       |
| Professional Development (Capped Amount or Estimated Annual Cost)     |  | \$ -               | \$ -       |            |       |
| Tuition Reimbursement                                                 |  | \$ -               | \$ -       |            |       |
| Mentoring Expenses - Describe:                                        |  | \$ -               | \$ -       |            |       |
| National/State/County/Local/Other Dues                                |  | \$ -               | \$ 1,700   |            |       |
| Subscriptions                                                         |  | \$ -               | \$ 100     |            |       |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone        |  | \$ -               | \$ 600     |            |       |
| Computer for home use, including supplies, maintenance, internet      |  | \$ -               | \$ 500     |            |       |
| Other - Describe:                                                     |  | \$ -               | \$ -       |            |       |
| Total Other Compensation                                              |  | \$ -               | \$ 3,400   | \$ 3,400   |       |
| <b>Sick and Vacation Compensation</b>                                 |  |                    |            |            |       |
| Maximum Payment for Unused Sick Leave Upon Retirement                 |  | \$ -               | \$ 15,000  |            |       |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation  |  | \$ -               | \$ 8,308   |            |       |
| Total Sick and Vacation Compensation                                  |  | \$ -               | \$ 23,308  |            |       |
| <b>TOTAL CONTRACT COSTS</b>                                           |  | \$ -               | \$ 150,608 | \$ 150,608 |       |

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs

**MOESC**

District: ~~Hazlet Township Public Schools~~

Name: Christopher J. Mullins

District Grade Span: Commission

On Roll Students as of 10-15 of the prior year: 24

|                                                                   | Year 1            | Year 2            | Year 3            | Year 4            | Year 5            |
|-------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
|                                                                   | 2021-22           | 2022-23           | 2023-24           | 2024-2025         | 2025-2026         |
| <b>Contract Term: December 1, 2021 - June 30, 2026</b>            |                   |                   |                   |                   |                   |
| <b>Salary</b>                                                     |                   |                   |                   |                   |                   |
| Base Salary                                                       | \$ 250,000        | \$ 250,000        | \$ 256,250        | \$ 262,500        | \$ 268,906        |
| Annual Cumulative Salary Increase (2.5%)                          |                   | \$ 6,250          | \$ 6,250          | \$ 6,406          | \$ 6,563          |
| Amount for High School                                            | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Amount for Additional Position (Principal, etc.) **Describe:      | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Shared Service                                                    | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Longevity                                                         | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Annual Salary                                                     | \$ 250,000        | \$ 256,250        | \$ 262,500        | \$ 268,906        | \$ 275,469        |
| Annual Salary Increase                                            | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| <b>TOTAL ANNUAL SALARY</b>                                        | <b>\$ 250,000</b> | <b>\$ 256,250</b> | <b>\$ 262,500</b> | <b>\$ 268,906</b> | <b>\$ 275,469</b> |
| <b>Additional Salary</b>                                          |                   |                   |                   |                   |                   |
| Quantitative Merit Goals (3.3%)                                   | \$ 8,250          | \$ 8,456          | \$ 8,663          | \$ 8,874          | \$ 9,090          |
| Qualitative Merit Goals                                           | \$ -              | \$ -              | \$ -              |                   | \$ -              |
| Additional Compensation - Describe:                               |                   |                   |                   |                   |                   |
| Total Additional Salary                                           | \$ 8,250          | \$ 8,456          | \$ 8,663          | \$ 8,874          | \$ 9,285          |
| <b>TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION</b>           | <b>\$ 258,250</b> | <b>\$ 264,706</b> | <b>\$ 271,163</b> | <b>\$ 277,780</b> | <b>\$ 284,754</b> |
| <b>Total Premiums for:</b>                                        |                   |                   |                   |                   |                   |
| Health Insurance                                                  | \$ 29,843         | \$ 29,843         | \$ 29,843         | \$ 29,843         | \$ 29,843         |
| Prescription Insurance                                            | \$ 6,467          | \$ 6,467          | \$ 6,467          | \$ 6,467          | \$ 6,467          |
| Dental Insurance                                                  | \$ 1,637          | \$ 1,637          | \$ 1,637          | \$ 1,637          | \$ 1,637          |
| Vision Insurance                                                  | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Disability Insurance                                              | \$ 2,500          | \$ 2,500          | \$ 2,500          | \$ 2,500          | \$ 2,500          |
| Other Insurance - Describe:                                       | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Waiver of Benefits                                                | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Total Cost of Premiums                                            | \$ 40,447         | \$ 40,447         | \$ 40,447         | \$ 40,447         | \$ 40,447         |
| Employee Contribution to Premiums as Per Law (Contract)           | \$ 5,447          | \$ 5,447          | \$ 5,447          | \$ 5,447          | \$ 5,447          |
| <b>TOTAL HEALTH BENEFITS COMPENSATION</b>                         | <b>\$ 35,000</b>  | <b>\$ 35,000</b>  | <b>\$ 35,000</b>  | <b>\$ 35,000</b>  | <b>\$ 35,000</b>  |
| <b>Other Compensation</b>                                         |                   |                   |                   |                   |                   |
| Travel and Expense Reimbursement (Estimated Annual Cost)          | \$ 3,000          | \$ 3,000          | \$ 3,000          | \$ 3,000          | \$ 3,000          |
| 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                            | \$ 3,000          | \$ 3,000          | \$ 3,000          | \$ 3,000          | \$ 3,000          |
| Subscriptions                                                     | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone    | \$ 1,800          | \$ 1,800          | \$ 1,800          | \$ 1,800          | \$ 1,800          |
| Computer for Home use, including supplies, maintenance, internet  | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| Other - Describe:                                                 | \$ -              | \$ -              | \$ -              | \$ -              | \$ -              |
| <b>TOTAL OTHER COMPENSATION</b>                                   | <b>\$ 10,300</b>  | <b>\$ 10,300</b>  | <b>\$ 10,300</b>  | <b>\$ 10,300</b>  | <b>\$ 10,300</b>  |
| <b>Sick and Vacation Compensation</b>                             |                   |                   |                   |                   |                   |
| Max Paid for Unused Sick Leave Upon Retirement                    | \$ 6,731          | \$ 15,000         | \$ 15,000         | \$ 15,000         | \$ 15,000         |
| Max Paid for Unused Vacation Leave - Retirement or Separation     | \$ 15,385         | \$ 41,394         | \$ 50,481         | \$ 51,713         | \$ 52,975         |
| Total Sick and Vacation Compensation                              | \$ 22,115         | \$ 56,394         | \$ 65,481         | \$ 66,713         | \$ 67,975         |
| <b>TOTAL CONTRACT COSTS</b>                                       | <b>\$ 325,666</b> | <b>\$ 366,401</b> | <b>\$ 381,944</b> | <b>\$ 389,793</b> | <b>\$ 398,029</b> |

**Detailed Statement of Contract Costs: SBA**

District: Monmouth Regional High School

Name: Maria Anne Parry

Job Title: \_School Business Administrator/Secretary to the Board

District Grade Span

ASSA Resident Enrollment 10-15

|      |
|------|
| 9-12 |
| 944  |

Contract Term:

2023-2024

**Salary**

|                                               |            |            |
|-----------------------------------------------|------------|------------|
| Base Salary                                   | \$ 160,026 |            |
| Shared Service                                |            |            |
| Longevity                                     | -          |            |
| Merit                                         | -          |            |
| Additional Compensation - Describe: merit pay | 9,281      |            |
| Total Salary Compensation                     |            | \$ 169,307 |

**Board Contribution for Cost of Premiums for:**

|                                                                  |           |        |
|------------------------------------------------------------------|-----------|--------|
| Health Insurance                                                 | \$ 30,800 |        |
| Prescription Insurance                                           | 9,353     |        |
| Dental Insurance                                                 | 1,131     |        |
| Vision Insurance                                                 | -         |        |
| Disability Insurance                                             | -         |        |
| Long-term Care Insurance                                         | -         |        |
| Life Insurance                                                   | -         |        |
| Other Insurance - Describe: worker's compensation employer share | 348       |        |
| Waiver of Benefits                                               | -         |        |
| less: contribution to health insurance per Ch. 78                | 14,449    |        |
| Section 125 Plan Reimbursements - Describe:                      | -         |        |
| Total Health Benefit Compensation                                |           | 27,182 |

**Other Compensation**

|                                                                   |      |       |
|-------------------------------------------------------------------|------|-------|
| Travel Allowance (Annual Cost)                                    | \$ - |       |
| District Automobile (calculation of value)                        | -    |       |
| Travel and Expense Reimbursement (Estimated Annual Cost)          | -    |       |
| Professional Development (Capped Amount or Estimated Annual Cost) | -    |       |
| Tuition Reimbursement                                             | -    |       |
| Mentoring Expenses - Describe:                                    | -    |       |
| National Dues                                                     | -    |       |
| State Dues                                                        | 990  |       |
| County Dues                                                       | 250  |       |
| Other Dues                                                        | -    |       |
| Subscriptions                                                     | -    |       |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone    | -    |       |
| Computer for Home use, including supplies, maintenance, internet  | -    |       |
| Other - Describe:                                                 | -    |       |
| Total Other Compensation                                          |      | 1,240 |

**Sick and Vacation Compensation**

|                                                                      |           |                   |
|----------------------------------------------------------------------|-----------|-------------------|
| Maximum Payment for Unused Sick Leave Upon Retirement                | \$ 15,000 |                   |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation | 30,774    |                   |
| Total Sick and Vacation Compensation                                 |           | \$ 45,774         |
| <b>TOTAL CONTRACT COSTS</b>                                          |           | <b>\$ 243,504</b> |

| <b>INTERIM SCHOOL BUSINESS ADMINISTRATOR - Detailed Statement of Contract Costs</b>  |                    |
|--------------------------------------------------------------------------------------|--------------------|
| District: Neptune City                                                               |                    |
| Name: Panda LLC/Bruce Quinn                                                          |                    |
| Job Title: Interim Business Administrator/Board Secretary                            |                    |
| District Grade Span: K-8                                                             |                    |
| On roll students as of October 15: Approximately 250                                 |                    |
|                                                                                      | <b>2023-2024</b>   |
| <b>Salary</b>                                                                        |                    |
| Salary: \$70.00/hr (Estimate: April 22 days; May 23 days; June 20 days; 8 hours/day) | \$36,400.00        |
| Subcontracted Services                                                               | \$0                |
| Longevity                                                                            | \$0                |
| <b>TOTAL ANNUAL SALARY</b>                                                           | <b>\$36,400.00</b> |
| <b>Additional Salary</b>                                                             |                    |
| Quantitative Merit Goals                                                             | \$0                |
| Qualitative Merit Goals                                                              | \$0                |
| Additional Compensation - Describe:                                                  | \$0                |
| Total Additional Salary                                                              | \$0                |
| <b>TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION</b>                              | <b>\$36,400.00</b> |
| Board Contribution for Cost of Premiums for:                                         |                    |
| Health Insurance                                                                     | \$0                |
| Prescription Insurance                                                               | \$0                |
| Dental Insurance                                                                     | \$0                |
| Vision Insurance                                                                     | \$0                |
| Disability Insurance                                                                 | \$0                |
| Other Insurance - Describe:                                                          | \$0                |
| Waiver of Benefits                                                                   | \$0                |
| Section 125 Plan Reimbursements - Describe:                                          | \$0                |
| Board Cost of Premiums                                                               | \$0                |
| Employee Contribution to Premiums as per Law                                         | \$0                |
| <b>TOTAL HEALTH BENEFITS COMPENSATION</b>                                            | <b>\$0</b>         |
| <b>Other Compensation</b>                                                            |                    |
| Travel and Expense Reimbursement (Estimated Annual Cost)                             | \$0                |
| Professional Development (Capped Amount or Estimated Annual Cost)                    | \$0                |
| Tuition Reimbursement                                                                | \$0                |
| Mentoring Expenses - Describe:                                                       | \$0                |
| National/State/County/Local/Other Dues                                               | \$0                |
| Subscriptions                                                                        | \$0                |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone                       | \$0                |
| Computer for Home use, including supplies, maintenance, internet                     | \$0                |
| Other - Describe: Professional Liability Insurance & Bond Insurance                  | \$0                |
| <b>TOTAL OTHER COMPENSATION</b>                                                      | <b>\$0</b>         |
| <b>Sick and Vacation Compensation</b>                                                |                    |
| Maximum Payment for Unused Sick Leave Upon Retirement                                | \$0                |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation                 | \$0                |
| <b>TOTAL UNUSED SICK AND VACATION PAYMENT</b>                                        | <b>\$0</b>         |
| <b>TOTAL CONTRACT COST</b>                                                           | <b>\$36,400.00</b> |



**Business Administrator**  
**Detailed Statement of Contract Costs**

District: Oceanport School District  
Name: Kenneth Londregan, Ed.D.  
Date BOE Authorized Submission to County Office  
District Grade Span  
On Roll Students as of 10-15

|          |
|----------|
| 6/9/2023 |
| prek-8   |
| 577      |

|                                                                   | 2023-24           | 2024-25     | Dif.                | % dif           |
|-------------------------------------------------------------------|-------------------|-------------|---------------------|-----------------|
| <b>Contract Term:</b>                                             |                   |             |                     |                 |
| <u>Salary</u>                                                     |                   |             |                     |                 |
| Salary                                                            | \$ 125,000        | \$ -        | \$ (125,000)        | -100.00%        |
| Longevity                                                         | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Shared Service                                                    | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Total Annual Salary                                               | \$ 125,000        | \$ -        | \$ (125,000)        | -100.00%        |
| <u>Additional Salary</u>                                          |                   |             |                     |                 |
| Quantitative Merit Goals                                          | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Qualitative Merit Goals                                           | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Total Additional Salary                                           | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Total Annual Salary plus Additional Salary                        | \$ 125,000        | \$ -        | \$ (125,000)        | -100.00%        |
| <u>Board Contribution for Cost of Premiums for:</u>               |                   |             |                     |                 |
| Health Insurance                                                  | \$ 30,600         | \$ -        | \$ (30,600)         | -100.00%        |
| Prescription Insurance                                            | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Dental Insurance                                                  | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Vision Insurance                                                  | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Disability Insurance                                              | \$ 2,400          | \$ -        | \$ (2,400)          | -100.00%        |
| 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                           | \$ 33,000         | \$ -        | \$ (33,000)         | -100.00%        |
| Employee contribution to health benefits as per law               | \$ 9,000          | \$ -        | \$ -                | 0.00%           |
| Total Health Benefit Compensation                                 | \$ 24,000         | \$ -        | \$ (33,000)         | -137.50%        |
| <u>Other Compensation</u>                                         |                   |             |                     |                 |
| Travel and Expense Reimbursement (Estimated Annual Cost)          | \$ 1,000          | \$ -        | \$ (1,000)          | -100.00%        |
| Professional Development (Capped Amount or Estimated Annual Cost) | \$ 2,000          | \$ -        | \$ (2,000)          | -100.00%        |
| Tuition Reimbursement                                             | \$ 5,000          | \$ -        | \$ (5,000)          | -100.00%        |
| Mentoring Expenses - Describe:                                    | \$ 2,000          | \$ -        | \$ (2,000)          | -100.00%        |
| National/State/County/Local/Other Dues                            | \$ 3,000          | \$ -        | \$ (3,000)          | -100.00%        |
| Subscriptions                                                     | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone    | \$ 600            | \$ -        | \$ (600)            | -100.00%        |
| Computer for Home use, including supplies, maintenance, internet  | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Other - Describe:                                                 | \$ -              | \$ -        | \$ -                | #DIV/0!         |
| Total Other Compensation                                          | \$ 13,600         | \$ -        | \$ (13,600)         | -100.00%        |
| <u>Sick and Vacation Compensation</u>                             |                   |             |                     |                 |
| Max Paid for Unused Sick Leave Upon Retirement                    | \$ 15,000         | \$ -        | \$ (15,000)         | -100.00%        |
| Max Paid for Unused Vacation Leave - Retirement or Separation     | \$ 15,000         | \$ -        | \$ (15,000)         | -100.00%        |
| Total Sick and Vacation Compensation                              | \$ 30,000         | \$ -        | \$ (30,000)         | -100.00%        |
| <b>TOTAL CONTRACT COSTS</b>                                       | <b>\$ 192,600</b> | <b>\$ -</b> | <b>\$ (201,600)</b> | <b>-104.67%</b> |

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs 2023-2024

District: Red Bank Borough

Name: Anthony Sciarrillo

Job Title: SBA

District Grade Span: Prek-8

On Roll Students as of 10-15-22: 1283

|                                                                      | 2023-2024         |
|----------------------------------------------------------------------|-------------------|
| <b>Salary</b>                                                        |                   |
| Salary                                                               | \$ 152,500        |
| Subcontracted Services                                               | \$ -              |
| Longevity                                                            | \$ -              |
| <b>TOTAL ANNUAL SALARY</b>                                           | <b>\$ 152,500</b> |
| <b>Additonal Salary</b>                                              |                   |
| Quantitative Merit Goals                                             | \$ -              |
| Qualitative Merit Goals                                              | \$ -              |
| Additional Compensation - Describe:                                  | \$ -              |
| <b>Total Additional Salary</b>                                       | <b>\$ -</b>       |
| <b>TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION</b>              | <b>\$ 152,500</b> |
| <b>Board Contribution for Cost of Premiums for:</b>                  |                   |
| Health Insurance                                                     | \$ 30,780         |
| Prescription Insurance                                               | \$ 7,887          |
| Dental Insurance                                                     | \$ 671            |
| Vision Insurance                                                     | \$ -              |
| Disability Insurance                                                 | \$ 2,000          |
| Other Insurance - Describe:                                          | \$ -              |
| Waiver of Benefits                                                   | \$ -              |
| Section 125 Plan Reimbursements - Describe:                          | \$ -              |
| <b>Board Cost of Premiums</b>                                        | <b>\$ 41,338</b>  |
| <b>Employee Contribution to Premiums as per Law</b>                  | <b>\$ 10,980</b>  |
| <b>TOTAL HEALTH BENEFITS COMPENSATION</b>                            | <b>\$ 30,358</b>  |
| <b>Other Compensation</b>                                            |                   |
| Travel and Expense Reimbursement (Estimated Annual Cost)             | \$ 1,000          |
| Professional Development (Capped Amount or Estimated Annual Cost)    | \$ 2,000          |
| Tuition Reimbursement                                                | \$ 14,323         |
| Mentoring Expenses - Describe:                                       | \$ -              |
| National/State/County/Local/Other Dues                               | \$ 2,000          |
| Subscriptions                                                        | \$ -              |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone       | \$ 1,200          |
| Computer for Home use, including supplies, maintenance, internet     | \$ -              |
| Other - Describe: Professional Liability Insurance & Bond Insurance  | \$ -              |
| <b>TOTAL OTHER COMPENSATION</b>                                      | <b>\$ 20,523</b>  |
| <b>Sick and Vacation Compensation</b>                                |                   |
| Maximum Payment for Unused Sick Leave Upon Retirement                | \$ 15,000         |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation | \$ 11,740         |
| <b>TOTAL UNUSED SICK AND VACATION PAYMENT</b>                        | <b>\$ 26,740</b>  |
| <b>TOTAL CONTRACT COST</b>                                           | <b>\$ 230,121</b> |

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs 2023-2024

| District: Red Bank Regional HS                                       |                    |                    |                |                |
|----------------------------------------------------------------------|--------------------|--------------------|----------------|----------------|
| Name: Debra Pappagallo                                               |                    |                    |                |                |
| Job Title: SBA                                                       |                    |                    |                |                |
| District Grade Span: Regional 9-12                                   |                    |                    |                |                |
| On Roll Students as of 10-15-22: 1321                                |                    |                    |                |                |
|                                                                      | 2022-2023          | 2023-2024          | Difference     | % Inc          |
| Salary                                                               |                    |                    |                |                |
| Salary                                                               | \$ 171,520         | \$ 177,524         | \$6,004        | 3.50%          |
| Subcontracted Services                                               | \$ -               | \$ -               |                |                |
| Longevity                                                            | \$ -               | \$ -               |                |                |
| <b>TOTAL ANNUAL SALARY</b>                                           | <b>\$ 171,520</b>  | <b>\$ 177,524</b>  | <b>\$6,004</b> | <b>3.50%</b>   |
| Additional Salary                                                    |                    |                    |                |                |
| Quantitative Merit Goals                                             | \$ -               | \$ -               |                |                |
| Qualitative Merit Goals                                              | \$ -               | \$ -               |                |                |
| Additional Compensation - Describe:                                  | \$ -               | \$ -               |                |                |
| <b>Total Additional Salary</b>                                       | <b>\$ -</b>        | <b>\$ -</b>        | <b>\$0</b>     | <b>#DIV/0!</b> |
| <b>TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION</b>              | <b>\$ 171,520</b>  | <b>\$ 177,524</b>  | <b>\$6,004</b> | <b>3.50%</b>   |
| Board Contribution for Cost of Premiums for:                         |                    |                    |                |                |
| Health Insurance                                                     | \$ 35,328          | \$ 38,089          |                |                |
| Prescription Insurance                                               | \$ -               | \$ -               |                |                |
| Dental Insurance                                                     | \$ 1,127           | \$ 1,127           |                |                |
| Vision Insurance                                                     | \$ -               | \$ -               |                |                |
| Disability Insurance                                                 | \$ 2,000           | \$ 2,000           |                |                |
| Other Insurance - Describe:                                          | \$ -               | \$ -               |                |                |
| Waiver of Benefits                                                   | \$ -               | \$ -               |                |                |
| Section 125 Plan Reimbursements - Describe:                          | \$ -               | \$ -               |                |                |
| <b>Board Cost of Premiums</b>                                        | <b>\$ 38,455</b>   | <b>\$ 41,216</b>   | <b>\$2,761</b> | <b>7.18%</b>   |
| <b>Employee Contribution to Premiums as per Law</b>                  | <b>\$ (12,949)</b> | <b>\$ (13,864)</b> | <b>-\$915</b>  | <b>7.07%</b>   |
| <b>TOTAL HEALTH BENEFITS COMPENSATION</b>                            | <b>\$ 51,404</b>   | <b>\$ 55,080</b>   | <b>\$3,676</b> | <b>7.15%</b>   |
| Other Compensation                                                   |                    |                    |                |                |
| Travel and Expense Reimbursement (Estimated Annual Cost)             | \$ 3,000           | \$ 3,000           |                |                |
| Professional Development (Capped Amount or Estimated Annual Cost)    | \$ 5,500           | \$ 5,500           |                |                |
| Tuition Reimbursement                                                | \$ 3,600           | \$ 3,600           |                |                |
| Mentoring Expenses - Describe:                                       | \$ -               | \$ -               |                |                |
| National/State/County/Local/Other Dues                               | \$ 1,500           | \$ 1,500           |                |                |
| Subscriptions                                                        | \$ -               | \$ -               |                |                |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone       | \$ 750             | \$ 750             |                |                |
| Computer for Home use, including supplies, maintenance, internet     | \$ -               | \$ -               |                |                |
| Other - Describe: Professional Liability Insurance & Bond Insurance  | \$ -               | \$ -               |                |                |
| <b>TOTAL OTHER COMPENSATION</b>                                      | <b>\$ 14,350</b>   | <b>\$ 14,350</b>   | <b>\$0</b>     | <b>0.00%</b>   |
| 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 | \$ 15,000          | \$ 15,000          |                |                |
| <b>TOTAL UNUSED SICK AND VACATION PAYMENT</b>                        | <b>\$ 30,000</b>   | <b>\$ 30,000</b>   | <b>\$0</b>     | <b>0.00%</b>   |
| <b>TOTAL CONTRACT COST</b>                                           | <b>\$ 267,274</b>  | <b>\$ 276,954</b>  | <b>\$9,680</b> | <b>3.62%</b>   |

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs

|                                   |      |
|-----------------------------------|------|
| District: Rumson - 4570           |      |
| Name: Denise McCarthy             |      |
| Job Title: SBA/BS                 |      |
| District Grade Span               | PK-8 |
| On Roll Students as of 10-15-2023 | 920  |

| <u>Contract Term:</u>                                                 | 2023-2024         | 2024-2025         | Difference       | % Inc        |
|-----------------------------------------------------------------------|-------------------|-------------------|------------------|--------------|
| <u>Salary</u>                                                         |                   |                   |                  |              |
| Salary                                                                | \$ 160,000        | \$ 170,000        | \$ 10,000        |              |
| Subcontracted Services                                                | \$ -              | \$ -              | \$ -             |              |
| Longevity                                                             | \$ -              | \$ -              | \$ -             |              |
| Total Annual Salary                                                   | \$ 160,000        | \$ 170,000        | \$ 10,000        | 6.25%        |
| <u>Additional Salary</u>                                              |                   |                   |                  |              |
| Quantitative Merit Goals                                              | \$ -              | \$ -              | \$ -             |              |
| Qualitative Merit Goals                                               | \$ -              | \$ -              | \$ -             |              |
| Additional Compensation - Describe: Stipend Project Management        | \$ -              | \$ -              | \$ -             |              |
| Total Additional Salary                                               | \$ -              | \$ -              | \$ -             |              |
| Total Annual Salary plus Additional Salary                            | \$ 160,000        | \$ 170,000        | \$ 10,000        | 6.25%        |
| <u>Total Premium for:</u>                                             |                   |                   |                  |              |
| Health Insurance                                                      | \$ 43,959         | \$ 46,817         |                  |              |
| Prescription Insurance                                                | \$ 6,985          | \$ 7,606          |                  |              |
| Dental Insurance                                                      | \$ 1,558          | \$ 1,558          |                  |              |
| Vision Insurance                                                      | \$ -              | \$ -              |                  |              |
| Disability Insurance                                                  | \$ 1,296          | \$ 1,296          |                  |              |
| Life Insurance                                                        | \$ -              | \$ -              |                  |              |
| Other Insurance - Describe:                                           | \$ -              | \$ -              |                  |              |
| Waiver of Benefits                                                    | \$ -              | \$ -              |                  |              |
| Section 125 Plan Reimbursements - Describe:                           | \$ -              | \$ -              |                  |              |
| Total Cost of Premiums                                                | \$ 53,798         | \$ 57,277         | \$ 3,479         | 6.47%        |
| Less Employee Contribution to Health Benefits as Per Law              | \$ 18,376         | \$ 19,593         | \$ 1,217         | 6.62%        |
| Total Employee Health Benefit Compensation                            | \$ 35,422         | \$ 37,684         | \$ 2,262         | 6.38%        |
| <u>Other Compensation</u>                                             |                   |                   |                  |              |
| Travel/Expense Reimbursement (Capped Amount or Estimated Annual Cost) | \$ 1,500          | \$ 1,500          |                  |              |
| Professional Development (Capped Amount or Estimated Annual Cost)     | \$ 1,500          | \$ 1,500          |                  |              |
| Tuition Reimbursement                                                 | \$ -              | \$ -              |                  |              |
| Mentoring Expenses - Describe:                                        | \$ -              | \$ -              |                  |              |
| National/State/County/Local/Other Dues                                | \$ 1,500          | \$ 1,500          |                  |              |
| Subscriptions                                                         | \$ -              | \$ -              |                  |              |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone        | \$ -              | \$ -              |                  |              |
| Computer for home use, including supplies, maintenance, Internet      | \$ -              | \$ -              |                  |              |
| Other - Describe:                                                     | \$ -              | \$ -              |                  |              |
| Total Other Compensation                                              | \$ 4,500          | \$ 4,500          | \$ -             | 0.00%        |
| <u>Sick and Vacation Compensation</u>                                 |                   |                   |                  |              |
| Maximum Payment for Unused Sick Leave Upon Retirement                 | \$ 15,000         | \$ 15,000         |                  |              |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation  | \$ 12,308         | \$ 13,077         |                  |              |
| Total Sick and Vacation Compensation                                  | \$ 27,308         | \$ 28,077         |                  |              |
| <b>TOTAL CONTRACT COSTS</b>                                           | <b>\$ 227,230</b> | <b>\$ 240,261</b> | <b>\$ 13,031</b> | <b>5.73%</b> |

# SCHOOL BUSINESS ADMINISTRATOR

## Detailed Statement of Contract Costs

District: Rumson-Fair Haven Regional School District

Name: Sean Cranston

Job Title: School Business Administrator/Board Secretary

District Grade Span: 9-12

On Roll Students as of 10-15 of prior year: 967

| Contract Term: July 1, 2023 - June 30, 2024                       | 2022-2023         | 2023-2024         | Difference      | % Inc         |
|-------------------------------------------------------------------|-------------------|-------------------|-----------------|---------------|
| <b>Salary</b>                                                     |                   |                   |                 |               |
| Salary: Annual salary                                             | \$ 170,000        | \$175,100         | \$5,100         | 3.00%         |
| Subcontracted Services                                            | \$ -              | \$0               | \$0             |               |
| Longevity                                                         | \$ -              | \$0               | \$0             |               |
| <b>TOTAL ANNUAL SALARY</b>                                        | <b>\$ 170,000</b> | <b>\$ 175,100</b> | <b>\$ 5,100</b> | <b>3.00%</b>  |
| <b>Additonal Salary</b>                                           |                   |                   |                 |               |
| Quantitative Merit Goals                                          | \$ -              | \$0               | \$0             |               |
| Qualitative Merit Goals                                           | \$ -              | \$0               | \$0             |               |
| Additional Compensation - Describe:                               | \$ -              | \$0               | \$0             |               |
| Total Additional Salary                                           | \$ -              | \$ -              | \$ -            | 0.00%         |
| <b>TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION</b>           | <b>\$ 170,000</b> | <b>\$ 175,100</b> | <b>\$ 5,100</b> | <b>3.00%</b>  |
| <b>Board Contribution for Cost of Premiums for:</b>               |                   |                   |                 |               |
| Health Insurance                                                  |                   |                   |                 |               |
| Prescription Insurance                                            | \$ -              |                   |                 |               |
| Dental Insurance                                                  |                   |                   |                 |               |
| Vision Insurance                                                  | \$ -              |                   |                 |               |
| Disability Insurance                                              | \$ 2,100          | \$2,100           |                 |               |
| Other Insurance - Describe:                                       | \$ -              |                   |                 |               |
| Waiver of Benefits                                                | \$ 5,000          | \$5,000           |                 |               |
| Section 125 Plan Reimbursements - Describe:                       | \$ -              |                   |                 |               |
| Board Cost of Premiums                                            | \$ 7,100          | \$ 7,100          | \$0             | 0.00%         |
| Employee Contribution to Premiums as per Law                      |                   |                   |                 | 0.00%         |
| <b>TOTAL HEALTH BENEFITS COMPENSATION</b>                         | <b>\$ 7,100</b>   | <b>\$ 7,100</b>   | <b>\$0</b>      |               |
| <b>Other Compensation</b>                                         |                   |                   |                 |               |
| Travel and Expense Reimbursement (Estimated Annual Cost)          | \$ 2,500          | \$2,500           | \$0             |               |
| Professional Development (Capped Amount or Estimated Annual Cost) | \$ 750            | \$750             | \$0             |               |
| Tuition Reimbursement                                             |                   |                   | \$0             |               |
| Mentoring Expenses - Describe: Mentor/residency                   | \$ 2,100          | \$2,000           | -\$100          |               |
| National/State/County/Local/Other Dues                            | \$ 1,800          | \$1,800           | \$0             |               |
| Subscriptions                                                     | \$ -              |                   | \$0             |               |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone    | \$ 600            | \$600             | \$0             |               |
| Computer for Home use, including supplies, maintenance, internet  |                   |                   | \$0             |               |
| Other - Describe:                                                 | \$ -              |                   | \$0             |               |
| <b>TOTAL OTHER COMPENSATION</b>                                   | <b>\$ 7,750</b>   | <b>\$ 7,650</b>   | <b>-\$100</b>   | <b>-1.29%</b> |
| <b>Sick and Vacation Compensation</b>                             |                   |                   |                 |               |
| Maximum Payment for Unused Sick Leave Upon Retirement             | \$ 15,000         | \$15,000          | \$0             |               |
| Maximum Payment for Unused Vacation Leave - Retirement or         | \$ 17,000         | \$ 20,541         | \$3,541         |               |
| <b>TOTAL UNUSED SICK AND VACATION PAYMENT</b>                     | <b>\$ 32,000</b>  | <b>\$ 35,541</b>  | <b>\$3,541</b>  |               |
| <b>TOTAL CONTRACT COST</b>                                        | <b>\$ 216,850</b> | <b>\$ 225,391</b> | <b>\$8,541</b>  |               |