SUPERINTENDENT

Detailed Statement of Contract Costs

rict: Asbury Park					
Name: Mark Gerbino					
Date BOE Authorized Submission to County Office	2/22/2024				
District Grade Span	prek-12				
On Roll Students as of 10-15	1902				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2024-25**	**2025-26**	**2026-27**	**2027-28**	**2028-29**
Salary	*at 92.668 days*				
Salary	$ 58,096	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 58,096	$ -	$ -	$ -	$ -
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 58,096	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums for:	36%				
Health Insurance	$ 12,585	$ -	$ -	$ -	$ -
Prescription Insurance	$ 2,714	$ -	$ -	$ -	$ -
Dental Insurance	$ 271	$ -	$ -	$ -	$ -
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	$ 15,570	$ -	$ -	$ -	$ -
Employee contribution to health benefits as per law	$ 5,450	$ -	$ -	$ -	$ -
Total Health Benefit Compensation	$ 10,121	$ -	$ -	$ -	$ -
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 1,070	$ -	$ -	$ -	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,070	$ -	$ -	$ -	$ -
Tuition Reimbursement	\	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ 1,000	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 750	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ 1,200	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 5,089	$ -	$ -	$ -	$ -
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement-118 days max $15K	$ 15,000	$ -	$ -	$ -	$ -
Max Paid for Unused Vacation Leave - Retirement or Separation-21 days	$ 13,165	$ -	$ -	$ -	$ -
Total Sick and Vacation Compensation	$ 28,165	$ -	$ -	$ -	$ -
TOTAL CONTRACT COSTS	$ 101,471	$ -	$ -	$ -	$ -

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Avon Boro					
Name: Michael-John Herits					
Date BOE Authorized Submission to County Office	7/25/2022				
District Grade Span	PreK-8				
On Roll Students as of 10-15	120				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2022-23**	**2023-24**	**2024-25**	**2025-26**	**2026-27**
Salary					
Salary	$ 150,000	$ 153,625	$ 157,341	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 150,000	$ 153,625	$ 157,341	$ -	$ -
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 150,000	$ 153,625	$ 157,341	$ -	$ -
Board Contribution for Cost of Premiums for:					
Health Insurance	$ 31,549	$ 34,704	$ 38,174	$ -	$ -
Prescription Insurance	$ 8,483	$ 9,332	$ 10,265	$ -	$ -
Dental Insurance	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 2,500	$ 2,500	$ 2,500	$ -	$ -
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 42,532	$ 46,536	$ 50,939	$ -	$ -
Employee contribution to health benefits as per law	$ 10,407	$ 11,448	$ 12,592	$ -	$ -
Total Health Benefit Compensation	$ 32,125	$ 35,088	$ 38,347	$ -	$ -
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,500	$ 2,500	$ 2,500	$ -	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,000	$ 1,000	$ 1,000	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe: CSA Mentor Fees	$ 2,500	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 4,150	$ 4,150	$ 4,150	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 10,150	$ 7,650	$ 7,650	$ -	$ -
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 6,923	$ 14,181	$ 15,000	$ -	$ -
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 2,885	$ 2,954	$ 3,026	$ -	$ -
Total Sick and Vacation Compensation	$ 9,808	$ 17,135	$ 18,026	$ -	$ -
TOTAL CONTRACT COSTS	$ 202,083	$ 213,498	$ 221,363	$ -	$ -

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Belmar Board of Education					
Name: Jimmy Alvarez					
Date BOE Authorized Submission to County Office	10/19/2021				
District Grade Span	pk -8, 9-12 send				
On Roll Students as of 10-15	400				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2021-2022**	**2022-2023**	**2023-2024**	**2024-2025**	**2025-2026**
Salary	Prorated				
Salary	$ 75,000	$ 150,000	$ 154,500	$ 159,135	$ 163,909
High School	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 75,000	$ 150,000	$ 154,500	$ 159,135	$ 163,909
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 75,000	$ 150,000	$ 154,500	$ 159,135	$ 163,909
Board Contribution for Cost of Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ 1,477	$ 1,477	$ 1,477	$ 1,477	$ 1,477
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 6,477	$ 6,477	$ 6,477	$ 6,477	$ 6,477
Employee contribution to health benefits as per law	$ -	$ -	$ -	$ -	$ -
Total Health Benefit Compensation	$ 6,477	$ 6,477	$ 6,477	$ 6,477	$ 6,477
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe: Complete Standard Certificate	$ 4,750	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 2,700	$ 2,700	$ 2,700	$ 2,700	$ 2,700
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 10,950	$ 6,200	$ 6,200	$ 6,200	$ 6,200
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 3,173	$ 18,462	$ 24,958	$ 26,931	$ 27,738
Total Sick and Vacation Compensation	$ 18,173	$ 33,462	$ 39,958	$ 41,931	$ 42,738
TOTAL CONTRACT COSTS	$ 110,600	$ 196,139	$ 207,135	$ 213,743	$ 219,325

SUPERINTENDENT

Detailed Statement of Contract Costs

District: BRIELLE			
Name: STACIE POELSTRA			
Date BOE Authorized Submission to County Office			
District Grade Span	PreK-8		
On Roll Students as of 10-15	487		
	Year 1	**Year 2**	**Year 3**
Contract Term:	**2023-24**	**2024-25**	**2025-26**
Salary			
Salary	$ 160,000	$ 164,800	$ 169,744
Longevity	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -
Total Annual Salary	$ 160,000	$ 164,800	$ 169,744
Additional Salary			
Quantitative Merit Goals	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 160,000	$ 164,800	$ 169,744
Board Contribution for Cost of Premiums for:			
Health Insurance	$ 24,976	$ 24,630	$ 24,274
Prescription Insurance-included in health insurance cost	$ -	$ -	$ -
Dental Insurance	$ 3,780	$ 3,780	$ 3,780
Vision Insurance	$ 50	$ 50	$ 50
Disability Insurance	$ 2,925	$ 2,925	$ 2,925
Long-term Care Insurance	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -
Waiver of Benefits *(If candidate chooses to waive health benefits)*	$ 5,000	$ 5,000	$ 5,000 ✓
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 36,731	$ 36,385	$ 36,029
Employee contribution to health benefits as per law	$ -	$ -	$ -
Total Health Benefit Compensation	$ 36,731	$ 36,385	$ 36,029
Other Compensation			
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 400	$ 400	$ 400
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,000	$ 1,000	$ 1,000
Tuition Reimbursement	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,940	$ 3,940	$ 3,940
Subscriptions	$ 100	$ 100	$ 100
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 900	$ 900	$ 900
Computer for Home use, including supplies, maintenance, internet	$ 1,000	$ 1,000	$ 1,000
Other - Describe: NJ code books-18A	$ 1,740	$ 1,740	$ 1,740
Total Other Compensation	$ 9,080	$ 9,080	$ 9,080
Sick and Vacation Compensation			
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 12,308	$ 12,677	$ 13,057
Total Sick and Vacation Compensation	$ 27,308	$ 27,677	$ 28,057
TOTAL CONTRACT COSTS	$ 233,119	$ 237,942	$ 242,910

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Bradley Beach Board of Education
Name: Michael Heidelberg
District Grade Span: Pre-K to 8
On Roll Students as of 10-15-21: 235

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	9/1/22-6/30/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	7/1/26-6/30/27
Salary					
Salary (Year 1 is annual amount prorated amount would be 132,500)	$ 159,000.00	$ 163,770.00	$ 167,864.25	$ 171,221.54	$ 174,645.97
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) *Describe: Principal	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 159,000.00**	**$ 163,770.00**	**$ 167,864.25**	**$ 171,221.54**	**$ 174,645.97**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 159,000**	**$ 163,770**	**$ 167,864**	**$ 171,222**	**$ 174,646**
Total Premiums for:					
Health Insurance (estimated 7% increase in year 2-5)	$ 31,475	$ 33,678	$ 36,036	$ 38,558	$ 41,257
Prescription Insurance (estimated 7% increase in year 2-5)	$ 9,427	$ 10,087	$ 10,793	$ 11,548	$ 12,357
Dental Insurance (estimated 2% increase in year 2-5)	$ 1,780	$ 1,816	$ 1,852	$ 1,889	$ 1,927
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 42,682	$ 45,581	$ 48,681	$ 51,996	$ 55,541
Employee Contribution to Premiums as Per Law	$ 9,623	$ 9,636	$ 9,648	$ 9,662	$ 9,674
TOTAL HEALTH BENEFITS COMPENSATION	**$ 33,059**	**$ 35,945**	**$ 39,033**	**$ 42,334**	**$ 45,867**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Tuition Reimbursement	$ 3,000	$ 3,000	$ 3,000	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues (estimated)	$ 2,200	$ 2,200	$ 2,200	$ 2,200	$ 2,200
Subscriptions (estimate)	$ 500	$ 500	$ 500	$ 500	$ 500
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 8,200**	**$ 8,200**	**$ 8,200**	**$ 5,200**	**$ 5,200**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ -	$ -	$ -	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 9,784	$ 18,897	$ 19,369	$ 19,756	$ 20,151
Total Sick and Vacation Compensation	$ 9,784	$ 18,897	$ 19,369	$ 34,756	$ 35,151
TOTAL CONTRACT COSTS	**$ 210,043**	**$ 226,811**	**$ 234,466**	**$ 253,511**	**$ 260,864**

* Must be an approved DOE Position
Revised 5/16/17

SUPERINTENDENT

Detailed Statement of Contract Costs

District: **Colts Neck Township**
Name: **MaryJane Garibay, Ed.D**
District Grade Span: **PreK - 8**
On Roll Students as of 10-15 of the prior year (2020): **947**

Contract Term:	Year 1 2021-22	Year 2 2022-23	Year 3 2023-24	Year 4 2024-25	Year 5 2025-26
Salary					
Base Salary	$ 183,000	$ 186,660	$ 190,393	$ 194,201	$ 198,085
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 183,000**	**$ 186,660**	**$ 190,393**	**$ 194,201**	**$ 198,085**
Additional Salary					
Quantitative Merit Goals - *not applicable*	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals - *not applicable*	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 183,000**	**$ 186,660**	**$ 190,393**	**$ 194,201**	**$ 198,085**
Total Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ 995	$ 995	$ 1,064	$ 1,064	$ 1,064
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Total Cost of Premiums	$ 3,995	$ 3,995	$ 4,064	$ 4,064	$ 4,064
Employee Contribution to Premiums as Per Law	$ 348	$ 348	$ 373	$ 373	$ 373
TOTAL HEALTH BENEFITS COMPENSATION	**$ 3,647**	**$ 3,647**	**$ 3,692**	**$ 3,692**	**$ 3,692**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
Professional Association Dues: NJASA, AASA, Mo.County Admin.Assoc.	$ 3,027	$ 3,118	$ 3,211	$ 3,308	$ 3,407
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 720	$ 720	$ 720	$ 720	$ 720
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 5,247**	**$ 5,338**	**$ 5,431**	**$ 5,528**	**$ 5,627**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ -	$ -	$ -	$ -	$ -
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 14,077	$ 14,358	$ 14,646	$ 14,939	$ 15,237
Total Sick and Vacation Compensation	$ 14,077	$ 14,358	$ 14,646	$ 14,939	$ 15,237
TOTAL CONTRACT COSTS	**$ 205,970**	**$ 210,003**	**$ 214,162**	**$ 218,359**	**$ 222,641**

Deal Page 1

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Deal Borough School District				
Name: Donato Saponaro: Contract Term: July 1st, 2023 through June 30th, 2028				
Date BOE Authorized Submission to County Office	April 24th, 2023			
District Grade Span	K - 8			
	Year 1	**Year 2**	**Year 3**	**Year 4**
Contract Term:	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**
Salary				
Salary	$ 171,106	$ 178,334	$ 185,913	$ 193,814
High School	$ -	$ -	$ -	$ -
Longevity	$ -	$ 3,567	$ 3,718	$ 3,876
Shared Service	$ -	$ -	$ -	$ -
Total Annual Salary	$ 171,106	$ 181,901	$ 189,631	$ 197,690
Additional Salary				
Quantitative Merit Goals:3 Goals for up to 3.33% of base salary/goal	$ -	$ -	$ -	$ -
Qualitative Merit Goals: 2 Goals for up to 2.5% of base salary/goal	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -
Total Possible Additional Salary	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 171,106	$ 181,901	$ 189,631	$ 197,690
Board Contribution for Cost of Premiums for:				
Health Insurance	$ 39,774	$ 39,774	$ 39,774	$ 39,774
Prescription Insurance	$ -	$ -	$ -	$ -
Dental Insurance	$ 1,703	$ 1,703	$ 1,703	$ 1,703
Vision Insurance	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -
Long-term Care Insurance	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -
Waiver of Benefits Maximun under SEHBP	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 41,477	$ 41,477	$ 41,477	$ 41,477
Employee contribution to health benefits as per law	$ 8,000	$ 8,000	$ 8,000	$ 8,000
Total Health Benefit Compensation	$ 33,477	$ 33,477	$ 33,477	$ 33,477
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 600	$ 600	$ 600	$ 600
Professional Development (Capped Amt / Estimated Annual Cost)	$ 4,000	$ 4,000	$ 4,000	$ 4,000
Tuition Reimbursement-up to 18crd:@avg state rate of Rutgers&CNJ- yrs. 2-5 est. **(Have no plan to utilize this benefit)**	$ 13,932	$ 13,932	$ 13,932	$ 13,932
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues (yrs. 2-5 estimated)	$ 4,000	$ 4,000	$ 4,000	$ 4,000
Subscriptions	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 600	$ 600	$ 600	$ 600
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -
Total Other Compensation	$ 23,132	$ 23,132	$ 23,132	$ 23,132
Sick and Vacation Compensation				
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave Upon Retirement **(Capped at 50 days/# based on maximum allowed days)**	$ 32,905	$ 34,295	$ 35,752	$ 37,271
Total Sick and Vacation Compensation	$ 47,905	$ 49,295	$ 50,752	$ 52,271

Deal Page 2

TOTAL CONTRACT COSTS	$ 275,620	$ 287,805	$ 296,992	$ 306,570

Deal Page 3

Year 5
2027-2028
$ 202,051
$ -
$ 4,041
$ -
$ 206,092
$ -
$ -
$ -
$ -
$ 206,092
$ 39,774
$ -
$ 1,703
$ -
$ -
$ -
$ -
$ -
$ -
$ -
$ 41,477
$ 8,000
$ 33,477
$ 600
$ 4,000
$ 13,932
$ -
$ 4,000
$ -
$ 600
$ -
$ -
$ 23,132
$ 15,000
$ 38,855
$ 53,855

Deal Page 4

$ 316,556

SUPERINTENDENT

Detailed Statement of Contract Costs

District: EATONTOWN
Name: SCOTT T. McCUE
District Grade Span:
On Roll Students as of 10-15 of the prior year

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	2021-22	2022-23	2023-24	2024-25	2025-26
Salary					
Base Salary	$ 187,350	$ 187,350	$ 191,097	$ 194,919	$ 198,817
Annual Cummulative Salary Increase (up to 2% per year)*		$ 3,747	$ 3,822	$ 3,898	$ 3,976
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) **Describe:	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Annual Salary	$ 187,350	$ 191,097	$ 194,919	$ 198,817	$ 202,793
Annual Salary Increase (up to 2% for successive contracts)***					
TOTAL ANNUAL SALARY	**$ 187,350**	**$ 191,097**	**$ 194,919**	**$ 198,817**	**$ 202,793**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:					
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 187,350**	**$ 191,097**	**$ 194,919**	**$ 198,817**	**$ 202,793**
Total Premiums for:					
Health Insurance	$ 28,152	$ 28,715	$ 29,289	$ 29,875	$ 30,473
Prescription Insurance	$ 7,116	$ 7,258	$ 7,403	$ 7,552	$ 7,703
Dental Insurance	$ 1,402	$ 1,430	$ 1,458	$ 1,488	$ 1,517
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 36,670	$ 37,403	$ 38,151	$ 38,914	$ 39,692
Employee Contribution to Premiums as Per Law	$ 10,803	$ 11,019	$ 11,239	$ 11,464	$ 11,693
TOTAL HEALTH BENEFITS COMPENSATION	**$ 25,867**	**$ 26,384**	**$ 26,912**	**$ 27,450**	**$ 27,999**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 3,600	$ 3,600	$ 3,600	$ 3,600	$ 3,600
Professional Development (Capped Amount or Estimated Annual Cost)	$ 389	$ 397	$ 405	$ 413	$ 421
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 2,904	$ 2,962	$ 3,021	$ 3,082	$ 3,143
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 420	$ 420	$ 420	$ 420	$ 420
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 7,313**	**$ 7,379**	**$ 7,446**	**$ 7,515**	**$ 7,584**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 15,853	$ 16,170	$ 16,493	$ 16,823	$ 17,159
Total Sick and Vacation Compensation	$ 30,853	$ 31,170	$ 31,493	$ 31,823	$ 32,159
TOTAL CONTRACT COSTS	**$ 251,383**	**$ 256,030**	**$ 260,770**	**$ 265,605**	**$ 270,536**

*The cumulative salary increment is all prior year's annual increment (up to 2% per year) added to the current base salary

**Must be a valid DOE position

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

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SUPERINTENDENT

Detailed Statement of Contract Costs

District: Fair Haven BOE
Name: Sean McNeil
Date BOE Authorized Submission to County Office: 7/20/2023
District Grade Span: K-8
On Roll Students as of 10-15: 962

Contract Term:	Year 1 2023-24	Year 2 2024-25	Year 3 2025-26	Year 4 2026-27	Year 5 2027-28
Salary					
Salary	$ 200,509	$ 207,026	$ 211,167	$ 215,390	$ 219,698
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 200,509	$ 207,026	$ 211,167	$ 215,390	$ 219,698
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 200,509	$ 207,026	$ 211,167	$ 215,390	$ 219,698
Board Contribution for Cost of Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Employee contribution to health benefits as per law	$ -	$ -	$ -	$ -	$ -

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Total Health Benefit Compensation	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Professional Development (Capped Amt or Estimated Annual Cost)	$ 3,500	$ 3,500	$ 3,500	$ 3,500	$ 3,500
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe: Executive Consultant - Estimate	$ 4,000	$ 4,000	$ -	$ -	$ -
National/State/County/Local/Other Dues - Estimate	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 600	$ 600	$ 600	$ 600	$ 600
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe: Reimbursement as per Art. 4(K) of Contract	$ -	$ -	$ 9,500	$ 9,500	$ 9,500
Total Other Compensation	$ 12,600	$ 12,600	$ 18,100	$ 18,100	$ 18,100
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement - Esitmated Maximum	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Separation - Estimated Maximum	$ 11,568	$ 11,944	$ 12,183	$ 12,426	$ 12,675
Total Sick and Vacation Compensation	$ 26,568	$ 26,944	$ 27,183	$ 27,426	$ 27,675
TOTAL CONTRACT COSTS	$ 244,677	$ 251,570	$ 261,449	$ 265,916	$ 270,473