# SUPERINTENDENT

**Detailed Statement of Contract Costs**

District: Manasquan Board of Education

Name: Robert Goodall

District Grade Span: K-12

On Roll Students as of 10-15-23: 1,422

| Contract Term: | Year 1 2024-2025 | Year 2 2025-2026 | Year 3 2026-2027 |
|---|---|---|---|
| **Salary** | | | |
| Salary | $ 215,000 | $ 222,525 | $ 230,313 |
| High School | $ - | $ - | $ - |
| Longevity | $ - | $ - | $ - |
| Shared Service | $ - | $ - | $ - |
| Total Annual Salary | $ 215,000 | $ 222,525 | $ 230,313 |
| **Additional Salary** | | | |
| Quantitative Merit Goals | $ - | $ - | $ - |
| Qualitative Merit Goals | $ - | $ - | $ - |
| Additional Compensation - Describe: Dog Handler | $ 6,000 | $ 6,000 | $ 6,000 |
| Total Additional Salary | $ 6,000 | $ 6,000 | $ 6,000 |
| Total Annual Salary plus Additional Salary | $ 221,000 | $ 228,525 | $ 236,313 |
| **Total Premium for:** | | | |
| Health Insurance | $ - | $ - | $ - |
| Prescription Insurance | $ - | $ - | $ - |
| Dental Insurance | $ - | $ - | $ - |
| Vision Insurance | $ - | $ - | $ - |
| Disability Insurance | $ 2,000 | $ 2,000 | $ 2,000 |
| Life Insurance | $ - | $ - | $ - |
| Other Insurance - Describe: | $ - | $ - | $ - |
| Waiver of Benefits | $ 7,500 | $ 7,500 | $ 7,500 |
| Section 125 Plan Reimbursements - Describe: | $ - | $ - | $ - |
| Total Cost of Premiums | $ 9,500 | $ 9,500 | $ 9,500 |
| Less Employee Contribution to Health Benefits as Per Law | $ - | $ - | $ - |
| Total Employee Health Benefit Compensation | $ 9,500 | $ 9,500 | $ 9,500 |
| **Other Compensation** | | | |
| Travel and Expense Reimbursement (Capped Amount or Estimated Annual Cost) | $ 2,000 | $ 2,000 | $ 2,000 |
| Professional Development (Capped Amount or Estimated Annual Cost) | $ 1,300 | $ 1,300 | $ 1,300 |
| Tuition Reimbursement | $ - | $ - | $ - |
| Mentoring Expenses - Describe: | $ - | $ - | $ - |
| National/State/County/Local/Other Dues | $ 3,000 | $ 3,000 | $ 3,000 |
| Subscriptions | $ - | $ - | $ - |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone | $ 2,000 | $ 2,000 | $ 2,000 |
| Computer for home use (including supplies, maintenance, internet) | $ - | $ - | $ - |
| Other - Describe: | $ - | $ - | $ - |
| Total Other Compensation | $ 8,300 | $ 8,300 | $ 8,300 |
| **Sick and Vacation Compensation** | | | |
| Max Pay for Unused Sick Leave Upon Retirement | $ 15,000 | $ 15,000 | $ 15,000 |
| Max Pay for Unused Vacation Leave-Retirement or Separation | $ 20,673 | $ 42,793 | $ 44,291 |
| Total Sick and Vacation Compensation | $ 35,673 | $ 57,793 | $ 59,291 |
| **TOTAL CONTRACT COSTS** | $ 274,473 | $ 304,118 | $ 313,404 |

# SUPERINTENDENT

**Detailed Statement of Contract Costs**

District: MARLBORO TOWNSHIP

Name: Michael Ballone

District Grade Span: K - 8

On Roll Students as of 10-1-23: 4581

| | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| **Contract Term:** | **2023-2024** | **2024-2025** | **2025-2026** | **2026-2027** |
| **Salary** | | | | |
| Salary | $ 220,000 | $ 224,400 | $ 228,888 | $ 233,466 |
| High School | $ - | $ - | $ - | $ - |
| Longevity | $ - | $ - | $ - | $ - |
| Shared Service | $ - | $ - | $ - | $ - |
| Total Annual Salary | $ 220,000 | $ 224,400 | $ 228,888 | $ 233,466 |
| **Additional Salary** | | | | |
| Quantitative Merit Goals | $ - | $ - | $ - | $ - |
| Qualitative Merit Goals | $ - | $ - | $ - | $ - |
| Additional Compensation - Describe: | $ - | $ - | $ - | $ - |
| Total Additional Salary | $ - | $ - | $ - | $ - |
| Total Annual Salary plus Additional Salary | $ 220,000 | $ 224,400 | $ 228,888 | $ 233,466 |
| **Total Premium for:** | | | | |
| | $ 38,089 | $ 42,279 | $ 45,661 | $ 49,314 |
| Direct 15 Health Insurance and Prescription Insurance | $ - | $ - | $ - | $ - |
| Dental Insurance | $ 1,161 | $ 1,161 | $ 1,161 | $ 1,161 |
| Vision Insurance | $ - | $ - | $ - | $ - |
| Disability Insurance | $ 1,500 | $ 1,500 | $ 1,500 | $ 1,500 |
| Life Insurance | $ - | $ - | $ - | $ - |
| Other Insurance - Describe: | $ - | $ - | $ - | $ - |
| Waiver of Benefits | $ - | $ - | $ - | $ - |
| Section 125 Plan Reimbursements - Describe: | $ - | $ - | $ - | $ - |
| Total Cost of Premiums | $ 40,751 | $ 44,941 | $ 48,323 | $ 51,976 |
| Less Employee Contribution to Health Benefits as Per Law | $ 9,903 | $ 10,993 | $ 11,872 | $ 12,822 |
| Total Employee Health Benefit Compensation | $ 30,847 | $ 33,948 | $ 36,451 | $ 39,154 |
| **Other Compensation** | | | | |
| Travel and Expense Reimbursement (Capped Amount or Estimated Annual Cost) | $ 2,400 | $ 2,400 | $ 2,400 | $ 2,400 |
| Professional Development (Capped Amount or Estimated Annual Cost) | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 |
| Tuition Reimbursement | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 |
| Mentoring Expenses - Describe: | $ - | $ - | $ - | $ - |
| National/State/County/Local/Other Dues | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 |
| Subscriptions | $ - | $ - | $ - | $ - |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone | $ 1,132 | $ 1,132 | $ 1,132 | $ 1,132 |
| Computer for home use (including supplies, maintenance, internet) | $ - | $ - | $ - | $ - |
| Other - Describe: | $ - | $ - | $ - | $ - |
| Total Other Compensation | $ 18,532 | $ 18,532 | $ 18,532 | $ 18,532 |
| **Sick and Vacation Compensation** | | | | |
| Max Pay for Unused Sick Leave Upon Retirement | $ 15,000 | $ 15,000 | $ 15,000 | $ 15,000 |
| Max Pay for Unused Vacation Leave-Retirement or Separation | $ 25,385 | $ 25,892 | $ 26,410 | $ 26,938 |
| Total Sick and Vacation Compensation | $ 40,385 | $ 40,892 | $ 41,410 | $ 41,938 |
| **TOTAL CONTRACT COSTS** | $ 309,764 | $ 317,772 | $ 325,281 | $ 333,090 |

# SUPERINTENDENT

## Detailed Statement of Contract Costs

| | | | | | |
|---|---|---|---|---|---|
| **District: Matawan Aberdeen Regional School District** | | | | | |
| **Name: Nelyda Perez** | | | | | |
| **Date BOE Authorized Submission to County Office** | | | | | |
| **District Grade Span** | Prek -12 | | | | |
| **On Roll Students as of 10-15** | 3,939 | | | | |
| | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Contract Term:** | **2023-24** | **2024-25** | **2025-26** | **2026-27** | **2027-28** |
| **Salary** | | | | | |
| Salary | $ 220,000 | $ 228,000 | $ 236,000 | $ 244,000 | $ 253,000 |
| Longevity | $ 1,000 | $ 1,500 | $ 2,750 | $ 2,750 | $ 2,750 |
| Shared Service | $ - | $ - | $ - | $ - | $ - |
| Total Annual Salary | $ 221,000 | $ 229,500 | $ 238,750 | $ 246,750 | $ 255,750 |
| **Additional Salary** | | | | | |
| Quantitative Merit Goals | $ - | $ - | $ - | $ - | $ - |
| Qualitative Merit Goals | $ - | $ - | $ - | $ - | $ - |
| Total Additional Salary | $ - | $ - | $ - | $ - | $ - |
| Total Annual Salary plus Additional Salary | $ 221,000 | $ 229,500 | $ 238,750 | $ 246,750 | $ 255,750 |
| **Board Contribution for Cost of Premiums for:** | | | | | |
| Health Insurance | $ 30,447 | $ 31,360 | $ 32,301 | $ 33,270 | $ 34,268 |
| Prescription Insurance | $ 7,212 | $ 7,573 | $ 7,952 | $ 8,349 | $ 8,767 |
| Dental Insurance | $ 1,395 | $ 1,437 | $ 1,437 | $ 1,480 | $ 1,480 |
| Vision Insurance | $ 300 | $ 300 | $ 300 | $ 300 | $ 300 |
| Disability Insurance | $ 448 | $ 470 | $ 494 | $ 519 | $ 545 |
| Long-term Care Insurance | $ - | $ - | $ - | $ - | $ - |
| Life Insurance | $ - | $ - | $ - | $ - | $ - |
| Other Insurance - Describe: | $ - | $ - | $ - | $ - | $ - |
| Waiver of Benefits | $ - | $ - | $ - | $ - | $ - |
| Section 125 Plan Reimbursements - Describe: | $ - | $ - | $ - | $ - | $ - |
| Board Contribution for Cost of Premiums | $ 39,802 | $ 41,141 | $ 42,484 | $ 43,918 | $ 45,359 |
| Employee contribution to health benefits as per law | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 |
| Total Health Benefit Compensation | $ 30,802 | $ 32,141 | $ 33,484 | $ 34,918 | $ 36,359 |
| **Other Compensation** | | | | | |
| Travel and Expense Reimbursement (Estimated Annual Cost) | $ 3,000 | $ 3,600 | $ 3,600 | $ 3,600 | $ 3,600 |
| 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 | $ 4,500 | $ 4,500 | $ 4,500 | $ 4,500 | $ 4,500 |
| Subscriptions | $ - | $ - | $ - | $ - | $ - |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone | $ 2,100 | $ 2,700 | $ 2,700 | $ 2,700 | $ 2,700 |
| Computer for Home use, including supplies, maintenance, internet | $ - | $ - | $ - | $ - | $ - |
| Other - Describe: | $ - | $ - | $ - | $ - | $ - |
| Total Other Compensation | $ 12,100 | $ 13,300 | $ 13,300 | $ 13,300 | $ 13,300 |
| **Sick and Vacation Compensation** | | | | | |
| Max Paid for Unused Sick Leave Upon Retirement | $ 15,000 | $ 15,000 | $ 15,000 | $ 15,000 | $ 15,000 |
| Max Paid for Unused Vacation Leave - Retirement or Separation | $ 33,846 | $ 35,077 | $ 36,308 | $ 37,538 | $ 38,923 |
| Total Sick and Vacation Compensation | $ 48,846 | $ 50,077 | $ 51,308 | $ 52,538 | $ 53,923 |
| **TOTAL CONTRACT COSTS** | $ 312,748 | $ 325,017 | $ 336,841 | $ 347,506 | $ 359,333 |

# SUPERINTENDENT

**Detailed Statement of Contract Costs**

District: Middletown Township
Name: Jessica L. Alfone
Job Title: Superintendent
District Grade Span: PreK - 12
On Roll Students as of 10-15-23: 8688.0

| | 1/1/2024 - 6/30/2024 (prorated) | 2024-2025 | 2025-2026 | 2026-2027 | 2027-2028 |
|---|---|---|---|---|---|
| **Salary** | | | | | |
| Salary (prorated for partial year in initial period) | $ 125,000 | $ 257,500 | $ 265,000 | $ 272,500 | $280,000 |
| Subcontracted Services | | | | | |
| Longevity | | | | | |
| **TOTAL ANNUAL SALARY** | **$ 125,000** | **$ 257,500** | **$ 265,000** | **$ 272,500** | **$ 280,000** |
| **Additonal Salary** | | | | | |
| Quantitative Merit Goals | | | | | |
| Qualitative Merit Goals | | | | | |
| Additional Compensation - Describe: Doctorate degree increase (upon completion) | | $ 25,000 | $ 25,000 | $ 25,000 | $ 25,000 |
| Total Additional Salary | | $ 25,000 | $ 25,000 | $ 25,000 | $ 25,000 |
| **TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION** | **$ 125,000** | **$ 282,500** | **$ 290,000** | **$ 297,500** | **$ 305,000** |
| **Board Contribution for Cost of Premiums for:** | | | | | |
| Health Insurance | $ 18,037 | $ 36,073 | $ 36,073 | $ 36,073 | $ 36,073 |
| Prescription Insurance | | | | | |
| Dental Insurance | $ 542 | $ 1,083 | $ 1,083 | $ 1,083 | $ 1,083 |
| Vision Insurance | | | | | |
| Disability Insurance | | | | | |
| Other Insurance - Describe: | | | | | |
| Waiver of Benefits | | | | | |
| Section 125 Plan Reimbursements - Describe: | | | | | |
| Board Cost of Premiums | $ 18,578 | $ 37,156 | $ 37,156 | $ 37,156 | $ 37,156 |
| Employee Contribution to Premiums as per Law | $ 4,500 | $ 9,000 | $ 9,000 | $ 9,000 | $ 9,000 |
| **TOTAL HEALTH BENEFITS COMPENSATION** | **$ 14,078** | **$ 28,156** | **$ 28,156** | **$ 28,156** | **$ 28,156** |
| **Other Compensation** | | | | | |
| Travel and Expense Reimbursement (Estimated Annual Cost) | $ 3,000 | $ 6,000 | $ 6,000 | $ 6,000 | $6,000 |
| Professional Development (Capped Amount or Estimated Annual Cost) | $ 500 | $ 1,000 | $ 1,000 | $ 1,000 | $1,000 |
| Tuition Reimbursement | $ 4,515 | $ 9,030 | | | |
| Mentoring Expenses - Describe: | | | | | |
| National/State/County/Local/Other Dues | | $ 2,500 | $ 2,500 | $ 2,500 | $2,500 |
| Subscriptions | | | | | |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone | $ 300 | $ 600 | $ 600 | $ 600 | $600 |
| Computer for Home use, including supplies, maintenance, internet | | $ 480 | $ 480 | $ 480 | $480 |
| Other - Describe: Professional Liability Insurance & Bond Insurance | | | | | |
| **TOTAL OTHER COMPENSATION** | **$ 8,315** | **$ 19,610** | **$ 10,580** | **$ 10,580** | **$ 10,580** |
| **Sick and Vacation Compensation** | | | | | |
| Maximum Payment for Unused Sick Leave Upon Retirement | $ 1,920 | $ 2,880 | $ 3,840 | $ 4,800 | $5,760 |
| Maximum Payment for Unused Vacation Leave - Retirement or Separation | $ 22,115 | $ 43,462 | $ 44,615 | $ 45,769 | $ 46,923 |
| **TOTAL UNUSED SICK AND VACATION PAYMENT** | **$ 24,035** | **$ 46,342** | **$ 48,455** | **$ 50,569** | **$ 52,683** |
| **TOTAL CONTRACT COST** | **$ 171,428** | **$ 376,608** | **$ 377,191** | **$ 386,805** | **$ 396,419** |

| SUPERINTENDENT | | | |
|---|---|---|---|
| Detailed Statement of Contract Costs | | | |
| District: Millstone Township School District | | | |
| Name: **Dr. Maryann Banks** | | | |
| Job Title: Superintendent | | | |
| District Grade Span | PreK-8 | | |
| On Roll Students as of 10-15-2023 | 1600 | | |
| | Year 1 | Year 2 | Year 3 |
| Contract Term: 02/20/24-02/20/25 | 2023-2024 | 2024-2025 | 2025-2026 |
| Salary | | | |
| Salary $700 per diem | $ 182,000.00 | $ 182,000.00 | $ - |
| Subcontracted Services | $ - | $ - | |
| Longevity | $ - | $ - | $ - |
| TOTAL ANNUAL SALARY | $ 182,000.00 | $ 182,000.00 | $ - |
| Additional Salary | | | |
| Quantitative Merit Goals | $ - | $ - | $ - |
| Qualitative Merit Goals | $ - | $ - | $ - |
| Additional Compensation | $ - | $ - | $ - |
| Total Additional Salary | $ - | $ - | $ - |
| TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION | $ 182,000.00 | $ 182,000.00 | $ - |
| Board Cost of Premiums for: | | | |
| Health Insurance | $ - | $ - | $ - |
| Prescription Insurance | $ - | $ - | $ - |
| Dental Insurance | $ - | $ - | $ - |
| Vision Insurance | $ - | $ - | $ - |
| Disability Insurance | $ - | $ - | $ - |
| Life Insurance | $ - | $ - | $ - |
| Other Insurance - Describe: | $ - | $ - | $ - |
| Waiver of Benefits | $ - | $ - | $ - |
| Section 125 Plan Reimbursements - Describe: | $ - | $ - | $ - |
| Board Contribution for Cost of Premiums | $ - | $ - | $ - |
| Employee contribution to health benefits as per law | $ - | $ - | $ - |
| TOTAL HEALTH BENEFITS COMPENSATION | $ - | $ - | $ - |
| Other Compensation | | | |
| Travel and Expense Reimbursement (Estimated Annual Cost) | $ 1,500 | $ 1,500 | $ - |
| Professional Development (Capped Amount or Estimated Annual Cost) | $ 3,000 | $ 3,000 | $ - |
| Tuition Reimbursement | $ - | $ - | $ - |
| Mentoring Expenses - Describe: | $ - | $ - | $ - |
| National/State/County/Local/Other Dues | $ - | $ - | $ - |
| Subscriptions | $ - | $ - | $ - |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone | $ 600 | $ 600 | $ - |
| Computer for Home use, including supplies, maintenance, internet | $ - | $ - | $ - |
| Other - Describe: | $ - | $ - | $ - |
| TOTAL OTHER COMPENSATION | $ 5,100 | $ 5,100 | $ - |
| Sick and Vacation Compensation | | | |
| Max Paid for Unused Sick Leave Upon Retirement | $ - | $ - | $ - |
| Max Paid for Unused Vacation Leave - Retirement or Separation | $ - | $ 16,100 | $ - |
| TOTAL UNUSED SICK AND VACATION PAYMENT | $ - | $ 16,100 | $ - |
| TOTAL CONTRACT COST | $ 187,100 | $ 203,200 | $ - |

# SUPERINTENDENT

Detailed Statement of Contract Costs

## District: MONMOUTH BEACH ELEMENTARY SCHOOL

### Name: Yelena Horre

| | | | | | |
|---|---|---|---|---|---|
| District Grade Span: PreK - 8 | | | | | |
| On Roll Students as of 10-15-23 | 257.0 | | | | |
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Contract Term: | 2024-25 | 2025-26 | 2026-27 | 2027-28 | 2028-29 |
| **Salary** | | | | | |
| Salary (Year 1 prorated - Aug 1 - June 30) | $ 190,000 | $ 196,650 | $ 203,533 | $ 210,656 | $ 218,029 |
| Amount for High School | $ - | $ - | $ - | $ - | $ - |
| Amount for Additional Position (Principal, etc.) *Describe: | $ - | $ - | $ - | $ - | $ - |
| Shared Service | $ - | $ - | $ - | $ - | $ - |
| Salary Increase | $ - | $ - | $ - | $ - | $ - |
| Longevity | $ - | $ - | $ - | $ - | $ - |
| **TOTAL ANNUAL SALARY** | **$ 190,000** | **$ 196,650** | **$ 203,533** | **$ 210,656** | **$ 218,029** |
| **Additional Salary** | | | | | |
| Quantitative Merit Goals | $ - | $ - | $ - | $ - | $ - |
| Qualitative Merit Goals | $ - | $ - | $ - | $ - | $ - |
| Additional Compensation - Describe: | $ - | $ - | $ - | $ - | $ - |
| Total Additional Salary | $ - | $ - | $ - | $ - | $ - |
| **TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION** | **$ 190,000** | **$ 196,650** | **$ 203,533** | **$ 210,656** | **$ 218,029** |
| **Total Premiums for:** | | | | | |
| Health Insurance | $ - | $ - | $ - | $ - | $ - |
| Prescription Insurance | $ - | $ - | $ - | $ - | $ - |
| Dental Insurance | $ 1,450 | $ 1,494 | $ 1,538 | $ 1,584 | $ 1,632 |
| Vision Insurance | $ 200 | $ 206 | $ 212 | $ 219 | $ 225 |
| Disability Insurance | $ 3,000 | $ 3,000 | $ 3,000 | $ 3,000 | $ 3,000 |
| Other Insurance - Describe: | $ - | $ - | $ - | $ - | $ - |
| Waiver of Benefits | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 | $ 5,000 |
| Total Cost of Premiums | $ 9,650 | $ 9,700 | $ 9,750 | $ 9,803 | $ 9,857 |
| Employee Contribution to Premiums as Per Law | $ - | $ - | $ - | $ - | $ - |
| **TOTAL HEALTH BENEFITS COMPENSATION** | **$ 9,650** | **$ 9,700** | **$ 9,750** | **$ 9,803** | **$ 9,857** |
| **Other Compensation** | | | | | |
| Travel and Expense Reimbursement (Estimated Annual Cost) | $ 500 | $ 500 | $ 500 | $ 500 | $ 500 |
| Professional Development (Capped Amount or Estimated Annual Cost) | $ 3,000 | $ 3,000 | $ 3,000 | $ 3,000 | $ 3,000 |
| Tuition Reimbursement | $ - | $ - | $ - | $ - | $ - |
| Mentoring Expenses - Describe: | $ - | $ - | $ - | $ - | $ - |
| National/State/County/Local/Other Dues | $ 1,000 | $ 1,000 | $ 1,000 | $ 1,000 | $ 1,000 |
| Subscriptions | $ 100 | $ 100 | $ 100 | $ 100 | $ 100 |
| 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: | | | | | |
| **TOTAL OTHER COMPENSATION** | **$ 5,200** | **$ 5,200** | **$ 5,200** | **$ 5,200** | **$ 5,200** |
| **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 | $ 17,538 | $ 18,152 | $ 18,788 | $ 19,445 | $ 20,126 |
| Total Sick and Vacation Compensation | $ 32,538 | $ 33,152 | $ 33,788 | $ 34,445 | $ 35,126 |
| **TOTAL CONTRACT COSTS** | **$ 237,388** | **$ 244,702** | **$ 252,271** | **$ 260,104** | **$ 268,212** |

Must be an approved DOE Position

Revised 5/16/17

MOESC Page 1

# SUPERINTENDENT

## Detailed Statement of Contract Costs

| | | | | |
|---|---|---|---|---|
| District: Monmouth-Ocean Educational Services Commission | | | | |
| Name: Dr. William O. George | | | | |
| Date BOE Authorized Submission to County Office | 2/28/2024 | | | |
| District Grade Span | Ed Services Commission | | | |
| On Roll Students as of 10-15 | | | | |
| | Year 1 | Year 2 | Year 3 | Year 4 |
| Contract Term: | 2024-25 | 2025-26 | 2026-27 | 2027-28 |
| **Salary** | | | | |
| Base Salary | $ 282,000 | $ 290,460 | $ 299,174 | $ 308,149 |
| High School | $ - | $ - | $ - | $ - |
| Longevity | $ - | $ - | $ - | $ - |
| Shared Service | $ - | $ - | $ - | $ - |
| Total Pensionable Salary | $ 282,000 | $ 290,460 | $ 299,174 | $ 308,149 |
| **Additional Salary** | | | | |
| Quantitative Merit Goals | $ - | $ - | $ - | $ - |
| Qualitative Merit Goals | $ - | $ - | $ - | $ - |
| Additional Compensation - Describe: | $ - | $ - | $ - | $ - |
| Total Non-Pensionable Salary | $ - | $ - | $ - | $ - |
| Total Salary Compensation | $ 282,000 | $ 290,460 | $ 299,174 | $ 308,149 |
| **Board Contribution for Cost of Premiums for:** | | | | |
| Health Insurance | $ 44,449 | $ 48,894 | $ 53,783 | $ 59,162 |
| Prescription Insurance | $ - | $ - | $ - | $ - |
| Dental Insurance | $ 1,914 | $ 1,952 | $ 1,991 | $ 2,031 |
| Vision Insurance | $ - | $ - | $ - | $ - |
| Disability Insurance | $ 2,500 | $ 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 | $ 48,863 | $ 53,346 | $ 58,275 | $ 63,693 |
| Employee contribution to health benefits as per law | $ 6,667 | $ 7,334 | $ 8,067 | $ 8,874 |
| Total Health Benefit Compensation | $ 42,196 | $ 46,012 | $ 50,207 | $ 54,819 |
| **Other Compensation** | | | | |
| Travel and Expense Reimbursement (Estimated Annual Cost) | $ - | $ - | $ - | $ - |
| Professional Development (Capped Amount or Estimated Annual Cost) | $ 2,500 | $ 2,500 | $ 2,500 | $ 2,500 |
| Tuition Reimbursement | $ - | $ - | $ - | $ - |
| Mentoring Expenses - Describe: | $ - | $ - | $ - | $ - |
| National/State/County/Local/Other Dues | $ 2,500 | $ 2,500 | $ 2,500 | $ 2,500 |
| Subscriptions | $ - | $ - | $ - | $ - |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone | $ 1,200 | $ 1,200 | $ 1,200 | $ 1,200 |
| Computer for Home use, including supplies, maintenance, internet | $ 600 | $ 600 | $ 600 | $ 600 |
| Other - Describe: | $ - | $ - | $ - | $ - |
| Total Other Compensation | $ 6,800 | $ 6,800 | $ 6,800 | $ 6,800 |
| **Sick and Vacation Compensation** | | | | |
| Max Paid for Unused Sick Leave Upon Retirement | $ 15,000 | $ 15,000 | $ 15,000 | $ 15,000 |
| Max Paid for Unused Vacation Leave - Retirement or Separation | $ 27,115 | $ 27,929 | $ 28,767 | $ 29,630 |
| Total Sick and Vacation Compensation | $ 42,115 | $ 42,929 | $ 43,767 | $ 44,630 |
| **TOTAL CONTRACT COSTS** | $ 373,111 | $ 386,201 | $ 399,948 | $ 414,397 |

| | |
|---|---|
| **Year 5** | |
| **2028-29** | |
| | |
| $ 317,393 | 3% increase annually |
| $ - | |
| $ - | |
| $ - | |
| $ 317,393 | |
| | |
| $ - | |
| $ - | |
| $ - | |
| $ - | |
| $ 317,393 | |
| | |
| $ 65,078 | Estimated 10% increase |
| $ - | |
| $ 2,072 | Estimated 2% increase |
| $ - | |
| $ 2,500 | |
| $ - | |
| $ - | |
| $ - | |
| $ - | |
| $ - | |
| $ 69,650 | |
| $ 9,762 | 15% of premium |
| $ 59,888 | |
| | |
| $ - | |
| $ 2,500 | NJSBA/NJASA/NJASBO Workshop and Convention, NJASA TECHSPO, National Association for School-Univ |
| $ - | |
| $ - | |
| $ 2,500 | NJASA, AASA, and the Monmouth County Administrators Association and/or other organizations deemed impor |
| $ - | |
| $ 1,200 | smartphone/iPhone (with Internet access) |
| $ 600 | use of a new laptop computer/iPad (with Internet access) |
| $ - | |
| $ 6,800 | |
| | |
| $ 15,000 | |
| $ 30,519 | |
| $ 45,519 | |
| $ 429,600 | |

ersity Partnerships (NASUP), School Boards, AASA and the NJASA annual Spring Leadership Conference

tant by the Superintendent and the Board

Page 1

Name of District Monmouth Regional High School

Name of Individual Brian Evans

Title of Individual CSA

Beginning and Ending Contract Dates 1/1/2024 (Month Day Year) TO 6/30/2023 (Month Day Year)

Grade Levels 9-12

Student Enrollment 946

Contract terms

Annual Work Days 243
Annual Vacation Days 25
Annual Sick Days 12

Annual Personal Days 5
Annual Consulting Days 0
Other Contracted Non-working Days 3

**COMPENSATION CALCULATION**

**Base Salary 2023-2024** 195,000.00

Benefits - Allowances

Automobile
Gasoline
Computer/Internet
Cell Phone 120

laptop other 1000
Buyout of Benefits 15535.08
Professional Memberships 3000
mentoring Other 4250

**Note: Car allowance is permitted with proper language**

**Sub-total of Allowances** 23,905.08

Bonuses

Performance Goals 11,310.00
Longevity

Other

**Sub-total of Bonuses** 11310

**Stipends (Superintendent of more than one district)** 0

District Contribution to:

Health Insurance 0
Dental Insurance 0
Prescription Insurance 0
other - less employee contribution 0

Vision Insurance
Worker's Comp Insurance 348
Supplemental Disability Insurance 2100

**Sub-total of Insurance Contributions** 2,448.00

District Contribution to:

Annuity **(May not be a new annuity)**
Trust Account

Other

**Sub-total of Annuity Contributions** 0

**TOTAL COMPENSATION PACKAGE** 285,163.08

Contractual Post Retirement Benefits (To be used for the final year of employment)

**Must use 1/260 for per diem rate**

**Sick days are capped at $15,000 or the value of days available on June 8, 2007**

Payout of Sick Days @ end of Contract 15000
Payout of Vac Days @ end of Contract 37500

**Note: Sick days cannot be to the estate**

Other

**Sub-total of Post Retirement Contributions** 52,500.00

**THIS FORM IS TO BE COMPLETED FOR EACH YEAR OF THE PROPOSED CONTRACT.**

Page 2

Name of District Monmouth Regional High School

Name of Individual Brian Evans

Title of Individual CSA

Beginning and Ending Contract Dates 7/1/2024 (Month Day Year) TO 6/30/2025 (Month Day Year)

Grade Levels 9-12 Student Enrollment 946

Contract terms

Annual Work Days 243 Annual Personal Days 5
Annual Vacation Days 25 Annual Consulting Days 0
Annual Sick Days 12 Other Contracted Non-working Days 3

**COMPENSATION CALCULATION**

**Base Salary 2024-2025** 205,000.00

Benefits - Allowances

Automobile
Gasoline
Computer/Internet
Cell Phone 120
laptop other 1000
Buyout of Benefits 15535.08
Professional Memberships 3000
mentoring Other 4250

**Note: Car allowance is permitted with proper language**

**Sub-total of Allowances** 23,905.08

Bonuses

Performance Goals 11,890.00
Longevity
Other

**Sub-total of Bonuses** 11890

**Stipends (Superintendent of more than one district)** 0

District Contribution to:

Health Insurance 0
Dental Insurance 0
Prescription Insurance 0
other - less employee contribution 0
Vision Insurance
Worker's Comp Insurance 348
Supplemental Disability Insurance 2100

**Sub-total of Insurance Contributions** 2,448.00

District Contribution to:

Annuity **(May not be a new annuity)**
Trust Account
Other

**Sub-total of Annuity Contributions** 0

**TOTAL COMPENSATION PACKAGE** 297,666.16

Contractual Post Retirement Benefits (To be used for the final year of employment)

**Must use 1/260 for per diem rate**

**Sick days are capped at $15,000 or the value of days available on June 8, 2007**

Payout of Sick Days @ end of Contract 15000
Payout of Vac Days @ end of Contract 39,423.08

**Note: Sick days cannot be to the estate**

Other

**Sub-total of Post Retirement Contributions** 54,423.08

**THIS FORM IS TO BE COMPLETED FOR EACH YEAR OF THE PROPOSED CONTRACT.**

Page 3

Name of District: Monmouth Regional High School

Name of Individual: Brian Evans

Title of Individual: CSA

Beginning and Ending Contract Dates: 7/1/2025 (Month Day Year) TO 6/30/2026 (Month Day Year)

Grade Levels: 9-12

Student Enrollment: 946

Contract terms

| | | | |
|---|---|---|---|
| Annual Work Days | 243 | Annual Personal Days | 5 |
| Annual Vacation Days | 25 | Annual Consulting Days | 0 |
| Annual Sick Days | 12 | Other Contracted Non-working Days | 3 |

**COMPENSATION CALCULATION**

**Base Salary 2025-2026** 215,000.00

Benefits - Allowances

| | | | | |
|---|---|---|---|---|
| Automobile | | laptop | other | 1000 |
| | | Buyout of Benefits | | 15535.08 |
| Gasoline | | Professional Memberships | | 3000 |
| Computer/Internet | | mentoring | Other | 4250 |
| Cell Phone | 120 | | **Sub-total of Allowances** | 23,905.08 |

**Note: Car allowance is permitted with proper language**

Bonuses

| | | | |
|---|---|---|---|
| Performance Goals | 12,470.00 | Other | |
| Longevity | | **Sub-total of Bonuses** | 12470 |

**Stipends (Superintendent of more than one district)** 0

District Contribution to:

| | | | |
|---|---|---|---|
| Health Insurance | 0 | Vision Insurance | |
| Dental Insurance | 0 | Worker's Comp Insurance | 348 |
| Prescription Insurance | 0 | Supplemental Disability Insurance | 2100 |
| other - less employee contribution | 0 | **Sub-total of Insurance Contributions** | 2,448.00 |

District Contribution to:

| | | | |
|---|---|---|---|
| Annuity **(May not be a new annuity)** | | Other | |
| Trust Account | | **Sub-total of Annuity Contributions** | 0 |

**TOTAL COMPENSATION PACKAGE** 310,169.23

Contractual Post Retirement Benefits (To be used for the final year of employment)

**Must use 1/260 for per diem rate**

**Sick days are capped at $15,000 or the value of days available on June 8, 2007**

| | | | |
|---|---|---|---|
| Payout of Sick Days @ end of Contract | 15000 | Other | |
| Payout of Vac Days @ end of Contract | 41,346.15 | **Sub-total of Post Retirement Contributions** | 56,346.15 |

**Note: Sick days cannot be to the estate**

**THIS FORM IS TO BE COMPLETED FOR EACH YEAR OF THE PROPOSED CONTRACT.**

Page 4

Name of District Monmouth Regional High School

Name of Individual Brian Evans

Title of Individual CSA

Beginning and Ending Contract Dates 7/1/2026 (Month Day Year) TO 6/30/2027 (Month Day Year)

Grade Levels 9-12 Student Enrollment 946

Contract terms

| | | | |
|---|---|---|---|
| Annual Work Days | 243 | Annual Personal Days | 5 |
| Annual Vacation Days | 25 | Annual Consulting Days | 0 |
| Annual Sick Days | 12 | Other Contracted Non-working Days | 3 |

**COMPENSATION CALCULATION**

**Base Salary 2026-2027** 225,000.00

Benefits - Allowances

| | | | |
|---|---|---|---|
| Automobile | | laptop other | 1000 |
| | | Buyout of Benefits | 15535.08 |
| Gasoline | | Professional Memberships | 3000 |
| Computer/Internet | | mentoring Other | 4250 |
| Cell Phone | 120 | **Sub-total of Allowances** | 23,905.08 |

**Note: Car allowance is permitted with proper language**

Bonuses

| | | | |
|---|---|---|---|
| Performance Goals | 13,050.00 | Other | |
| Longevity | | **Sub-total of Bonuses** | 13050 |

**Stipends (Superintendent of more than one district)** 0

District Contribution to:

| | | | |
|---|---|---|---|
| Health Insurance | 0 | Vision Insurance | |
| Dental Insurance | 0 | Worker's Comp Insurance | 348 |
| Prescription Insurance | 0 | Supplemental Disability Insurance | 2100 |
| other - less employee contribution | 0 | **Sub-total of Insurance Contributions** | 2,448.00 |

District Contribution to:

| | | | |
|---|---|---|---|
| Annuity **(May not be a new annuity)** | | Other | |
| Trust Account | | **Sub-total of Annuity Contributions** | 0 |

**TOTAL COMPENSATION PACKAGE** 322,672.31

Contractual Post Retirement Benefits (To be used for the final year of employment)

**Must use 1/260 for per diem rate**

**Sick days are capped at $15,000 or the value of days available on June 8, 2007**

| | | | |
|---|---|---|---|
| Payout of Sick Days @ end of Contract | 15000 | Other | |
| Payout of Vac Days @ end of Contract | 43,269.23 | **Sub-total of Post Retirement Contributions** | 58,269.23 |

**Note: Sick days cannot be to the estate**

**THIS FORM IS TO BE COMPLETED FOR EACH YEAR OF THE PROPOSED CONTRACT.**