SUPERINTENDENT

Detailed Statement of Contract Costs

District: Farmingdale
Name: Edith Conroy
District Grade Span: Pre-K - 8
On Roll Students as of 10-15 of the prior year: 163

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	2023-24	2024-25	2025-26	2026-27	2027-28
Salary					
Base Salary	$ 163,270	$ 168,168	$ 173,213	$ 178,409	$ 183,761
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 163,270**	**$ 168,168**	**$ 173,213**	**$ 178,409**	**$ 183,761**
Additional Salary					
Quantitative Merit Goals		$ -	$ -	$ -	$ -
Qualitative Merit Goals		$ -	$ -	$ -	$ -
Additional Compensation - Describe:					$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 163,270**	**$ 168,168**	**$ 173,213**	**$ 178,409**	**$ 183,761**
Total Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 1,200	$ 1,200	$ 1,200	$ 1,200	$ 1,200
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Total Cost of Premiums	$ 3,700	$ 3,700	$ 3,700	$ 3,700	$ 3,700
Employee Contribution to Premiums as Per Law	$ -	$ -	$ -	$ -	$ -
TOTAL HEALTH BENEFITS COMPENSATION	**$ 3,700**	**$ 3,700**	**$ 3,700**	**$ 3,700**	**$ 3,700**
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)	$ 750	$ 750	$ 750	$ 750	$ 750
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 1,750	$ 1,750	$ 1,750	$ 1,750	$ 1,750
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 3,500**	**$ 3,500**	**$ 3,500**	**$ 3,500**	**$ 3,500**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 18,682	$ 19,242	$ 19,820	$ 20,414	$ 21,026
Total Sick and Vacation Compensation	$ 33,682	$ 34,242	$ 34,820	$ 35,414	$ 36,026
TOTAL CONTRACT COSTS	**$ 204,152**	**$ 209,610**	**$ 215,233**	**$ 221,023**	**$ 226,987**

Superintendent

Detailed Statement of Contract Costs

District: Freehold Borough

Name: Asia Michael

Job Title: Superintedent

District Grade Span	PK-8	PK-8	PK-8	PK-8
On Roll Students as of 10-15-22	1657	1657	1657	1657
Contract Term:	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**
Salary				
Salary	$ 180,000	$ 189,000	$ 195,615	$ 202,462
Subcontracted Services	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -
Total Annual Salary	$ 180,000	$ 189,000	$ 195,615	$ 202,462
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 180,000	$ 189,000	$ 195,615	$ 202,462
Total Premium for:				
Health Insurance	$ 38,089	$ 39,232	$ 40,409	$ 41,621
Prescription Insurance	$ -	$ -	$ -	$ -
Dental Insurance	$ 796	$ 820	$ 844	$ 870
Vision Insurance	$ -	$ -	$ -	$ -
Disability Insurance	$ 189	$ 195	$ 201	$ 207
Life Insurance	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -
Waiver of Benefits (**Employee Ineligible for Waiver Spouse in SEHBP)	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 189	$ 195	$ 201	$ 207
Less Employee Contribution to Health Benefits as Per Law	$ 13,331	$ 13,331	$ 13,331	$ 13,331
Total Employee Health Benefit Compensation	$ 25,932	$ 27,110	$ 28,323	$ 29,573
Other Compensation				
Travel/Expense Reimbursement (Estimated Annual Cost)	$ 2,000	$ 2,060	$ 2,122	$ 2,185
Professional Development (Estimated Annual Cost)	$ 300	$ 309	$ 318	$ 328
Tuition Reimbursement	$ 5,000	$ 5,150	$ 5,305	$ 5,464
Mentoring Expenses - Describe: School Administrator Cert				
National Dues - ASBO Est.	$ 500	$ 515	$ 530	$ 546
State Dues - NJASBO	$ 990	$ 1,020	$ 1,050	$ 1,082
County Dues - MCASBO	$ 175	$ 180	$ 186	$ 191
Other Dues - AICPA Est.	$ 500	$ 515	$ 530	$ 546
Subscriptions	$ 1,500	$ 1,545	$ 1,591	$ 1,639
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	$ 11,565	$ 11,894	$ 12,233	$ 12,582
Sick and Vacation Compensation				
Maximum Payment for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ -	$ -	$ -	$ -
Total Sick and Vacation Compensation	$ 15,000	$ 15,000	$ 15,000	$ 15,000
TOTAL CONTRACT COSTS	$ 232,497	$ 243,004	$ 251,171	$ 259,616

SUPERINTENDENT

Detailed Statement of Contract Costs

District: **Freehold Regional High School District**
Name: **Nicole Hazel**
District Grade Span: **9-12**
On Roll Students as of 10-15 of the prior year: **10,317**

	Year 1*	Year 2	Year 3	Year 4
Contract Term:	2023-2024	2024-2025	2025-2026	2026-2027
Salary				
Base Salary	$ 235,000	$ 235,000	$ 235,000	$ 235,000
Annual Cummulative Salary Increase	$ -	$ -	$ 5,875	$ 11,897
Amount for High School	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.)	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -
Annual Salary	$ 235,000	$ 235,000	$ 240,875	$ 246,897
Annual Salary Increase (FY24 - new to position)	N/A	$ 5,875	$ 6,022	$ 6,172
TOTAL ANNUAL SALARY	**$ 235,000**	**$ 240,875**	**$ 246,897**	**$ 253,069**
Additional Salary				
Quantitative Merit Goals	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 235,000**	**$ 240,875**	**$ 246,897**	**$ 253,069**
Total Premiums for:				
Health Insurance	$ 43,543	$ 46,591	$ 49,852	$ 53,342
Prescription Insurance	$ -	$ -	$ -	$ -
Dental Insurance	$ 1,331	$ 1,371	$ 1,412	$ 1,454
Vision Insurance	$ 129	$ 133	$ 137	$ 141
Disability Insurance	$ -	$ -	$ -	$ -
Other Insurance - Describe: FSA BOE contribution	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 45,003	$ 48,095	$ 51,401	$ 54,937
Employee Contribution to Premiums as Per Law	$ (9,511)	$ (9,526)	$ (9,542)	$ (9,558)
TOTAL HEALTH BENEFITS COMPENSATION	**$ 35,492**	**$ 38,568**	**$ 41,859**	**$ 45,379**
Other Compensation				
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Tuition Reimbursement	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ 2,500	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 10,000	$ 10,000	$ 10,000	$ 10,000
Subscriptions	$ 2,000	$ 2,000	$ 2,000	$ 2,000
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 650	$ 650	$ 650	$ 650
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -
Other - Describe: Car Allowance	$ 6,000	$ 6,000	$ 6,000	$ 6,000
TOTAL OTHER COMPENSATION	**$ 31,150**	**$ 28,650**	**$ 28,650**	**$ 28,650**
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	$ 69,144	$ 72,726	$ 74,544	$ 76,407
Total Sick and Vacation Compensation	**$ 84,144**	**$ 87,726**	**$ 89,544**	**$ 91,407**
TOTAL CONTRACT COSTS	**$ 385,786**	**$ 395,819**	**$ 406,950**	**$ 418,505**

Max Paid for Unused Vacation Leave - Retirement or Separation **

Max Days Paid for Unused Vacation Leave:				
Earned - Prior Year (avail for use)	25.0	25.0	25.0	25.0
Earned - Current Year	25.0	25.0	25.0	25.0
Carryover Balance	3.0	5.0	5.0	5.0
Public Health Emergency Days	23.5	23.5	23.5	23.5
Total Possible	76.5	78.5	78.5	78.5
Salary	$ 235,000	$ 240,875	$ 246,897	$ 253,069
Work Year	260	260	260	260
Daily Rate	$ 904	$ 926	$ 950	$ 973
Unused Vacation Value	**$ 69,144**	**$ 72,726**	**$ 74,544**	**$ 76,407**

* Contract effective November 1, 2023. Year 1 (above) represents annualized amounts.

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Freehold Township					
Name: Neal Dickstein					
Date BOE Authorized Submission to County Office	1/31/2022				
District Grade Span	Pre K - 8				
On Roll Students as of 10-15	3434				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term: July 1, 2022 - June 30, 2027	**2022-23**	**2023-2024**	**2024-25**	**2025-26**	**2026-27**
Salary					
Salary	$ 215,000	$ 219,300	$ 223,686	$ 228,160	$ 232,723
High School	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Total Annual Salary	$ 215,000	$ 219,300	$ 223,686	$ 228,160	$ 232,723
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 215,000	$ 219,300	$ 223,686	$ 228,160	$ 232,723
Board Contribution for Cost of Premiums for:					
Health Insurance	$ 25,363	$ 25,363	$ 25,363	$ 25,363	$ 25,363
Prescription Insurance	$ 5,142	$ 5,142	$ 5,142	$ 5,142	$ 5,142
Dental Insurance	$ 1,975	$ 1,975	$ 1,975	$ 1,975	$ 1,975
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 650	$ 650	$ 650	$ 650	$ 650
Long-term Care Insurance	$ -	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -	$ -
Board Contribution for Cost of Premiums	$ 33,130	$ 33,130	$ 33,130	$ 33,130	$ 33,130
Employee contribution to health benefits as per law	$ 5,197	$ 5,197	$ 5,197	$ 5,197	$ 5,197
Total Health Benefit Compensation	$ 27,933	$ 27,933	$ 27,933	$ 27,933	$ 27,933
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Tuition Reimbursement	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000
Subscriptions	$ 400	$ 400	$ 400	$ 400	$ 400
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ 667	$ 667	$ 667	$ 667	$ 667
Other - Describe:	$ -	$ -	$ -	$ -	$ -
Total Other Compensation	$ 23,567	$ 23,567	$ 23,567	$ 23,567	$ 23,567
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ 24,383	$ 24,383	$ 24,383	$ 24,383	$ 24,383
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 18,192	$ 18,556	$ 18,927	$ 19,306	$ 19,692
Total Sick and Vacation Compensation	$ 42,575	$ 42,939	$ 43,310	$ 43,689	$ 44,075
TOTAL CONTRACT COSTS	$ 309,075	$ 313,739	$ 318,496	$ 323,349	$ 328,298

Hazlet Page 1

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Hazlet Township Public Schools
Name: Scott Ridley
District Grade Span: PreK-12
On Roll Students as of 10-15 of the prior year: 2,882

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term: January 1, 2018 - June 30, 2021	2021-22	2022-23	2023-24		
Salary					
Base Salary	$ 198,500	$ 198,500	$ 202,470	$ -	$ -
Annual Cummulative Salary Increase (up to 2% per year)*		$ 3,970	$ 4,049	$ -	$ -
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) **Describe:	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
Annual Salary	$ 198,500	$ 198,500	$ 202,470	$ -	$ -
Annual Salary Increase (up to 2% for successive contracts)***	$ -	$ 3,970	$ 4,049	$ -	$ -
TOTAL ANNUAL SALARY	**$ 198,500**	**$ 202,470**	**$ 206,519**	**$ -**	**$ -**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:					
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 198,500**	**$ 202,470**	**$ 206,519**	**$ -**	**$ -**
Total Premiums for:					
Health Insurance	$ 29,843	$ 29,843	$ 29,843	$ -	$ -
Prescription Insurance	$ 6,467	$ 6,467	$ 6,467	$ -	$ -
Dental Insurance	$ 1,637	$ 1,637	$ 1,637	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ 2,500	$ 2,500	$ 2,500	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -

Hazlet Page 2

Total Cost of Premiums	$ 40,447	$ 40,447	$ 40,447	$ -	$ -
Employee Contribution to Premiums as Per Law	$ 2,620	$ 2,620	$ 2,620	$ -	
TOTAL HEALTH BENEFITS COMPENSATION	**$ 37,827**	**$ 37,827**	**$ 37,827**	**$ -**	**$ -**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 3,000	$ 3,000	$ 3,000	$ -	$ -
Professional Development (Capped Amount or Estimated Annual Cost)	$ 2,500	$ 2,500	$ 2,500	$ -	$ -
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	$ -	$ -	$ -	$ -	$ -
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 8,500**	**$ 8,500**	**$ 8,500**	**$ -**	**$ -**
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	$ 38,173	$ 38,173	$ 38,937	$ -	
Total Sick and Vacation Compensation	$ 53,173	$ 53,173	$ 53,937	$ -	$ -
TOTAL CONTRACT COSTS	**$ 298,000**	**$ 301,970**	**$ 306,783**	**$ -**	**$ -**

*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%

SUPERINTENDNET

Detailed Statement of Contract Costs

District: Hentry Hudson / Atlantic Highlands / Highlands

Name: Tara Bea.s

District Grade Span: Shared PreK-12

On Roll Students as of 10-15 of the prior year: 775

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term: December 1, 2021 - June 30, 2026	2021-22	2022-23	2023-24	2024-2025	2025-2026
Salary					
Base Salary	$ 180,000	$ 183,600	$ 187,272	$ 191,017	$ 194,838
Shared Service	$ -	$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	$ 180,000	$ 183,600	$ 187,272	$ 191,017	$ 194,838
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -		$ -
Additional Compensation - Describe:					
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	$ 180,000	$ 183,600	$ 187,272	$ 191,017	$ 194,838
Total Premiums for:					
Health Insurance	$ 27,390	$ 27,390	$ 27,390	$ 30,780	$ 30,780
Prescription Insurance	$ 6,827	$ 6,827	$ 6,827	$ 6,269	$ 6,268
Dental Insurance	$ 1,646	$ 1,646	$ 1,646	$ 1,637	$ 1,637
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 35,863	$ 35,863	$ 35,863	$ 38,686	$ 38,685
Employee Contribution to Premiums as Per Law (Contract)	$ 9,576	$ 9,576	$ 9,576	$ 9,576	$ 9,576
TOTAL HEALTH BENEFITS COMPENSATION	$ 26,287	$ 26,287	$ 26,287	$ 29,110	$ 29,109
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 500	$ 500	$ 500	$ 500	$ 500
Professional Development (Capped Amount or Estimated Annual Cost)	$ 500	$ 500	$ 500	$ 500	$ 500
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 1,500	$ 1,500	$ 1,500	$ 1,500	$ 1,500
Subscriptions	$ 200	$ 200	$ 200	$ 200	$ 200
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 1,320	$ 1,320	$ 1,320	$ 1,320	$ 1,320
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	$ 4,020	$ 4,020	$ 4,020	$ 4,020	$ 4,020
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	$ 13,846	$ 17,654	$ 18,007	$ 18,007	$ 18,007
Total Sick and Vacation Compensation	$ 28,846	$ 32,654	$ 33,007	$ 33,007	$ 33,007
TOTAL CONTRACT COSTS	$ 239,153	$ 246,561	$ 250,586	$ 257,154	$ 260,974

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Holmdel Township School District
Name: Dr. J. Scott Cascone
District Grade Span: K-12
On Roll Students as of 10-15-21: 2939

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	2021-2022	2022-2023	2023-24	2024-25	2025-26
Salary	Prorated				
Salary	$ 225,000	$ 225,000	$ 225,000	$ 229,500	$ 234,090
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) *Describe:	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Salary Increase (up to 2% for successive contracts)	$ -	$ -	$ 4,500	$ 4,590	$ 4,682
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 225,000**	**$ 225,000**	**$ 229,500**	**$ 234,090**	**$ 238,772**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 225,000**	**$ 225,000**	**$ 229,500**	**$ 234,090**	**$ 238,772**
Total Premiums for:					
Health Insurance	$ -	$ -	$ -	$ -	$ -
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ -	$ -	$ -	$ -	$ -
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ 1,250	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Total Cost of Premiums	$ 1,250	$ 5,000	$ 5,000	$ 5,000	$ 5,000
Employee Contribution to Premiums as Per Law	$ -	$ -	$ -	$ -	$ -
TOTAL HEALTH BENEFITS COMPENSATION	**$ 1,250**	**$ 5,000**	**$ 5,000**	**$ 5,000**	**$ 5,000**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 300	$ 1,200	$ 1,200	$ 1,200	$ 1,200
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 1,500	$ 6,000	$ 6,000	$ 6,000	$ 6,000
Subscriptions	$ 225	$ 900	$ 900	$ 900	$ 900
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 240	$ 960	$ 960	$ 960	$ 960
Computer for Home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 2,265**	**$ 9,060**	**$ 9,060**	**$ 9,060**	**$ 9,060**
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	$ -	$ -	$ -	$ -	$ -
Max Paid for Unused Vacation Leave - Retirement or Separation	$ 4,327	$ 21,635	$ 35,308	$ 36,014	$ 36,734
Total Sick and Vacation Compensation	$ 4,327	$ 21,635	$ 35,308	$ 36,014	$ 36,734
TOTAL CONTRACT COSTS	**$ 232,842**	**$ 260,695**	**$ 278,868**	**$ 284,164**	**$ 289,566**

SUPERINTENDENT

Detailed Statement of Contract Costs

District: **Howell Township**					
Name: **Joseph Isola**					
Job Title: **Superintendent**					
District Grade Span:	Pre-K through 8				
On Roll Students as of 10-15	5513				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Contract Term:	**2023-24**	**2024-25**	**2025-26**	**2026-27**	**2027-28**
Salary					
Salary	$ 230,000	$ 236,900	$ 244,007	$ 251,327	$ 258,867
Amount for High School	$ -	$ -	$ -	$ -	$ -
Amount for Additional Position (Principal, etc.) *Describe:	$ -	$ -	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -	$ -	$ -
Salary Increase	$ -	$ -	$ -	$ -	$ -
Longevity	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000
TOTAL ANNUAL SALARY	**$ 250,000**	**$ 256,900**	**$ 264,007**	**$ 271,327**	**$ 278,867**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 250,000**	**$ 256,900**	**$ 264,007**	**$ 271,327**	**$ 278,867**
Total Premiums for:					
Health Insurance	$ 30,222	$ 32,338	$ 34,601	$ 37,023	$ 39,615
Prescription Insurance	$ 6,516	$ 6,972	$ 7,460	$ 7,982	$ 8,541
Dental Insurance	$ 974	$ 1,023	$ 1,074	$ 1,128	$ 1,184
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe: Long Term Care	$ 524	$ 545	$ 567	$ 589	$ 613
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 38,236	$ 40,877	$ 43,702	$ 46,723	$ 49,953
Employee Contribution to Premiums as Per Law	$ 13,199	$ 14,255	$ 15,395	$ 16,627	$ 17,957
TOTAL HEALTH BENEFITS COMPENSATION	**$ 25,037**	**$ 26,622**	**$ 28,307**	**$ 30,096**	**$ 31,996**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 2,500	$ 2,500	$ 2,500	$ 2,500	$ 2,500
Professional Development (Capped Amount or Estimated Annual Cost)	$ 3,700	$ 3,700	$ 3,700	$ 3,700	$ 3,700
Tuition Reimbursement	$ 20,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,500	$ 3,500	$ 3,500	$ 3,500	$ 3,500
Subscriptions	$ 3,228	$ 3,228	$ 3,228	$ 3,228	$ 3,228
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	**$ 33,528**	**$ 33,528**	**$ 33,528**	**$ 33,528**	**$ 33,528**
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	$ 43,270	$ 44,463	$ 45,693	$ 46,960	$ 48,265
Total Sick and Vacation Compensation	$ 58,270	$ 59,463	$ 60,693	$ 61,960	$ 63,265
TOTAL CONTRACT COSTS	**$ 366,835**	**$ 376,513**	**$ 386,535**	**$ 396,911**	**$ 407,656**

* Must be an approved DOE Position

Revised 5/16/17

SUPERINTENDENT OF SCHOOLS

Detailed Statement of Contract Costs

District: Keansburg Borough				
Name: Kathleen O'Hare-Plasteras				
Job Title: Superintendent of Schools				
District Grade Span	Pre K - 12			
On Roll Students as of 10-15-20	1,483			
Contract Term:	**1/5/2021-6/30/2024**			
Costs for:	**2021**	**2022**	**2023**	**2024**
Salary	(Prorated)			
Salary	$ 97,500	$ 200,000	$ 205,000	$ 210,000
High School Stipend	$ 2,500	$ 5,000	$ 5,000	$ 5,000
Longevity	$ -	$ -	$ -	$ -
Total Annual Salary	$ 100,000	$ 205,000	$ 210,000	$ 215,000
Additional Salary				
Quantitative Merit Goals	$ -	$ 20,480	$ 20,979	$ 21,479
Qualitative Merit Goals	$ -	$ 10,250	$ 10,500	$ 10,750
Additional Compensation - Describe:	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -
Total Annual Salary plus Additional Salary	$ 100,000	$ 235,730	$ 241,479	$ 247,229
Total Premium for:				
Health Insurance	$ 16,452	$ 33,727	$ 35,413	$ 37,184
Prescription Insurance	combined above	combined above	combined above	combined above
Dental Insurance	$ 1,198	$ 2,397	$ 2,397	$ 2,397
Vision Insurance	$ 77	$ 154	$ 154	$ 154
Disability Insurance	$ -	$ -	$ -	$ -
Life Insurance	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 17,727	$ 36,278	$ 37,964	$ 39,735
Less Employee Contribution to Health Benefits as Per Law	$ 3,126	$ 6,408	$ 6,728	$ 7,065
Total Employee Health Benefit Compensation	$ 14,602	$ 29,869	$ 31,235	$ 32,670
Other Compensation				
Travel/Expense Reimbursement (Capped Amount or Estimated Annual Cost)	$ 1,000	$ 1,000	$ 1,000	$ 1,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ 1,500	$ 3,000	$ 3,000	$ 3,000
Tuition Reimbursement	$ 1,286	$ 4,245	$ 4,669	$ 4,670
Mentoring Expenses - Describe: Mentor for Superintendent Certificate	$ 4,250	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Subscriptions	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ -	$ -	$ -	$ -
Computer for home use, including supplies, maintenance, internet	$ -	$ -	$ -	$ -
Other - Describe:	$ -	$ -	$ -	$ -
Total Other Compensation	$ 11,036	$ 11,245	$ 11,669	$ 11,670
Sick and Vacation Compensation				
Maximum Payment for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ 15,000	$ 15,000
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ 21,538	$ 25,386	$ 26,005	$ 26,625
Total Sick and Vacation Compensation	$ 36,538	$ 40,386	$ 41,005	$ 41,625
TOTAL CONTRACT COSTS	$ 162,176	$ 317,230	$ 325,389	$ 333,193

Superintendent

Detailed Statement of Contract Costs

District: Keyport Board of Education
Name: Lisa Savola
Job Title: Superintendent of Schools
District Grade Span: K-12
On Roll Students as of 10-15: 980

Contract Term:	2020-2021	2021-2022	Difference	% Inc	2021-2022	2022-2023	Difference	% Inc	2022-2023	2023-2024	Difference	% Inc	2023-2024	2024-2025	Difference	% Inc	2024-2025	2025-2026	Difference	% Inc
Salary																				
Salary	$ 169,153	$ 174,228	$ 5,075	3.00%	$ 174,228	$179,455	$5,227	3.00%	$179,455	$184,838	$5,383	3.00%	$184,838	$190,384	$5,546	3.00%	$190,384	$196,095	$5,711	3.00%
Subcontracted Services	$ -	$ -	$ -	0.00%	$ -	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%
Longevity	$ -	$ -	$ -	0.00%	$ -	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%
Total Annual Salary	$ 169,153	$ 174,228	$ 5,075	3.00%	$ 174,228	$179,455	$5,227	3.00%	$179,455	$184,838	$5,383	3.00%	$184,838	$190,384	$5,546	3.00%	$190,384	$196,095	$5,711	3.00%
Additional Salary																				
Quantitative Merit Goals	$ -	$ -	$ -	0.00%	$ -	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%
Qualitative Merit Goals	$ -	$ -	$ -	0.00%	$ -	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%
Additional Compensation - Describe:	$ -	$ -	$ -	0.00%	$ -	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%
Total Additional Salary	$ -	$ -	$ -	0.00%	$ -	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%	$0	$0	$0	0.00%
Total Annual Salary plus Additional Salary	$ 169,153	$ 174,228	$ 5,075	3.00%	$ 174,228	$179,455	$5,227	3.00%	$179,455	$184,838	$5,383	3.00%	$184,838	$190,384	$5,546	3.00%	$190,384	$196,095	$5,711	3.00%
Board Contribution for Cost of Premiums for All Benefits Waived																				
Health Insurance	$ 27,768	$ 28,014	$ 246	0.89%	$ 28,014	$ 28,014	$0	0.00%	$ 28,014	$ 28,014	$0	0.00%	$ 28,014	$ 28,014	$0	0.00%	$ 28,014	$ 28,014	$0	0.00%
Prescription Insurance	$ 7,026	$ 7,305	$ 279	3.98%	$ 7,305	$ 7,305	$0	0.00%	$ 7,305	$ 7,305	$0	0.00%	$ 7,305	$ 7,305	$0	0.00%	$ 7,305	$ 7,305	$0	0.00%
Dental Insurance	$ 1,368	$ 1,368	$ -	0.00%	$ 1,368	$ 1,368	$0	0.00%	$ 1,368	$ 1,368	$0	0.00%	$ 1,368	$ 1,368	$0	0.00%	$ 1,368	$ 1,368	$0	0.00%
Vision Insurance	$ 230	$ 230	$ -	0.00%	$ 230	$ 230	$0	0.00%	$ 230	$ 230	$0	0.00%	$ 230	$ 230	$0	0.00%	$ 230	$ 230	$0	0.00%
Disability Insurance	$ 51	$ 51	$ -	0.00%	$ 51	$ 51	$0	0.00%	$ 51	$ 51	$0	0.00%	$ 51	$ 51	$0	0.00%	$ 51	$ 51	$0	0.00%
Long-term Care Insurance	$ -	$ -	$ -	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%
Life Insurance	$ -	$ -	$ -	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%
Other Insurance - Describe:	$ -	$ -	$ -	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%
Waiver of Benefits	$ -	$ -	$ -	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%
Section 125 Plan Reimbursements - Describe:	$ -	$ -	$ -	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%
Board Contribution for Cost of Premiums	$ 36,440	$ 36,968	$ 528	1.45%	$ 36,968	$ 36,968	$0	0.00%	$ 36,968	$ 36,968	$0	0.00%	$ 36,968	$ 36,968	$0	0.00%	$ 36,968	$ 36,968	$0	0.00%
Employee contribution to health benefits as per law	$ 12,754	$ 12,938	$ 184	1.44%	$ 12,938	$ 12,938	$0	0.00%	$ 12,938	$ 12,938	$0	0.00%	$ 12,938	$ 12,938	$0	0.00%	$ 12,938	$ 12,938	$0	0.00%
Total Health Benefit Compensation	$ 23,686	$ 24,030	$ 344	1.45%	$ 24,030	$ 24,030	$0	0.00%	$ 24,030	$ 24,030	$0	0.00%	$ 24,030	$ 24,030	$0	0.00%	$ 24,030	$ 24,030	$0	0.00%
Other Compensation																				
Travel and Expense Reimbursement (Estimated Annual Cost)-NJASA	$ 1,000	$ 1,000	$ -	0.00%	$ 1,000	$ 1,000	$0	0.00%	$ 1,000	$ 1,000	$0	0.00%	$ 1,000	$ 1,000	$0	0.00%	$ 1,000	$ 1,000	$0	0.00%
Professional Development (Capped Amount or Estimated Annual Cost)	$ 500	$ 500	$ -	0.00%	$ 500	$ 500	$0	0.00%	$ 500	$ 500	$0	0.00%	$ 500	$ 500	$0	0.00%	$ 500	$ 500	$0	0.00%
Tuition Reimbursement	$ 4,404	$ 4,404	$ -	0.00%	$ 4,404	$ 4,404	$0	0.00%	$ 4,404	$ 4,404	$0	0.00%	$ 4,404	$ 4,404	$0	0.00%	$ 4,404	$ 4,404	$0	0.00%
Mentoring Expenses - Describe:	$ -	$ -	$ -	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%	$ -	$ -	$0	0.00%
National/State/County/Local/Other Dues	$ 2,000	$ 3,000	$ 1,000	50.00%	$ 3,000	$ 3,000	$0	0.00%	$ 3,000	$ 3,000	$0	0.00%	$ 3,000	$ 3,000	$0	0.00%	$ 3,000	$ 3,000	$0	0.00%
Subscriptions	$ 750	$ 750	$ -	0.00%	$ 750	$ 750	$0	0.00%	$ 750	$ 750	$0	0.00%	$ 750	$ 750	$0	0.00%	$ 750	$ 750	$0	0.00%
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 1,200	$ 1,200	$ -	0.00%	$ 1,200	$ 1,200	$0	0.00%	$ 1,200	$ 1,200	$0	0.00%	$ 1,200	$ 1,200	$0	0.00%	$ 1,200	$ 1,200	$0	0.00%
Computer for Home use, Including supplies, maintenance, internet	$ 1,500	$ 1,500	$ -	0.00%	$ 1,500	$ 1,500	$0	0.00%	$ 1,500	$ 1,500	$0	0.00%	$ 1,500	$ 1,500	$0	0.00%	$ 1,500	$ 1,500	$0	0.00%
Other - Describe: Disability Insurance	$ 1,500	$ 1,500	$ -	0.00%	$ 1,500	$ 1,500	$0	0.00%	$ 1,500	$ 1,500	$0	0.00%	$ 1,500	$ 1,500	$0	0.00%	$ 1,500	$ 1,500	$0	0.00%
Total Other Compensation	$ 12,854	$ 13,854	$ 1,000	7.78%	$ 13,854	$ 13,854	$0	0.00%	$ 13,854	$ 13,854	$0	0.00%	$ 13,854	$ 13,854	$0	0.00%	$ 13,854	$ 13,854	$0	0.00%
Sick and Vacation Compensation																				
Maximum Payment for Unused Sick Leave Upon Retirement	$ 15,000	$ 15,000	$ -	0.00%	$ 15,000	$ 15,000	$0	0.00%	$ 15,000	$ 15,000	$0	0.00%	$ 15,000	$ 15,000	$0	0.00%	$ 15,000	$ 15,000	$0	0.00%
Maximum Payment for Unused Vacation Leave - Retirement or Separation	$ 29,276	$ 30,008	$ 732	2.50%	$ 30,008	$30,759	$751	2.50%	$30,759	$31,528	$769	2.50%	$31,528	$32,316	$788	2.50%	$32,316	$33,123	$807	2.50%
Total Sick and Vacation Compensation	$ 44,276	$ 45,008	$ 732	1.65%	$ 45,008	$45,759	$751	1.67%	$45,759	$46,528	$769	1.68%	$46,528	$47,316	$788	1.69%	$47,316	$48,123	$807	1.71%
TOTAL CONTRACT COSTS	$ 249,969	$ 257,120	$ 7,151	2.86%	$ 257,120	$263,098	$5,978	2.32%	$263,098	$269,250	$6,152	2.34%	$269,250	$275,584	$6,334	2.35%	$275,584	$282,102	$6,518	2.37%

SUPERINTENDENT of SCHOOLS

Detailed Statement of Contract Costs

rict: Little Silver

lame: Eric Platt

District Grade Span: PK-8

On Roll Students as of 10-15 of the prior year 741

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term: Yr 1 January 1, 2022-June 30, 2022	**2023-2024**	**2024-2025**	**2025-2026**	**2026-2027**	**2027-2028**
Base Salary	$ 172,802	$ 176,960	$ 181,107	$ 185,635	$ 190,276
Shared Service					
Longevity	$ -				
TOTAL ANNUAL SALARY	**$ 172,802**	**$ 176,960**	**$ 181,107**	**$ 185,635**	**$ 190,276**
Additional Salary					
Quantitative Merit Goals					
Qualitative Merit Goals					
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 172,802**	**$ 176,960**	**$ 181,107**	**$ 185,635**	**$ 190,276**
Total Premiums for:					
Health Insurance	$ 46,193	$ 47,232	$ 48,295	$ 49,382	$ 50,493
Prescription Insurance	$ -				
Dental Insurance	$ 455	$ 465	$ 476	$ 486	$ 497
Vision Insurance	$ -				
Disability Insurance Admin pro-rated	$ 477	$ 488	$ 499	$ 510	$ 521
Other Insurance - Describe:	$ -				
Waiver of Benefits	$ -				
Total Cost of Premiums	$ 47,125	$ 48,185	$ 49,269	$ 50,378	$ 51,512
Employee Contribution to Premiums as Per Law	$ 16,168	$ 19,465	$ 19,903	$ 20,351	$ 20,809
TOTAL HEALTH BENEFITS COMPENSATION	$30,957.00	$28,719.98	$29,366.18	$30,026.92	$30,702.52
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000
Professional Development (Capped Amount or Estimated Annual Cost)	$ -				
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	$ -				
Computer for Home use, including supplies, maintenance, Internet	$ -				
Other - Describe: Tech Reimbursement for Admins	$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000
TOTAL OTHER COMPENSATION	**$ 11,000**	**$ 11,000**	**$ 11,000**	**$ 11,000**	**$ 11,000**
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	$ 21,933	$ 22,460	$ 22,987	$ 23,561	$ 24,150
Total Sick and Vacation Compensation	$ 36,933	$ 37,460	$ 37,987	$ 38,561	$ 39,150
TOTAL CONTRACT COSTS	**$ 251,692**	**$ 254,140**	**$ 259,460**	**$ 265,223**	**$ 271,129**

SUPERINTENDENT

Detailed Statement of Contract Costs

District: **MANALAPAN-ENGLISHTOWN REGIONAL SCHOOLS**

Name: **NICOLE SANTORA, ED. D.**

District Grade Span: **K - 8**

On Roll Students as of 10-15 of the prior year: **4,679.0**

	Year 1	Year 2	Year 3	Year 4	Year 5
Contract Term:	2023-24	2024-25	2025-26	2026-27	2027-28
Salary					
Base Salary	$ 203,796	$ 208,890	$ 214,112	$ 219,465	$ 224,952
Shared Service		$ -	$ -	$ -	$ -
Longevity	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY	**$ 203,796**	**$ 208,890**	**$ 214,112**	**$ 219,465**	**$ 224,952**
Additional Salary					
Quantitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -	$ -	$ -
Additional Compensation - Describe:	$ -	$ -	$ -	$ -	$ -
Total Additional Salary	$ -	$ -	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 203,796**	**$ 208,890**	**$ 214,112**	**$ 219,465**	**$ 224,952**
Total Premiums for:					
Health Insurance	$ 26,754	$ 29,964	$ 32,960	$ 35,926	$ 39,518
Prescription Insurance	$ -	$ -	$ -	$ -	$ -
Dental Insurance	$ 460	$ 460	$ 497	$ 497	$ 522
Vision Insurance	$ -	$ -	$ -	$ -	$ -
Disability Insurance	$ -	$ -	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -	$ -	$ -
Total Cost of Premiums	$ 27,214	$ 30,424	$ 33,457	$ 36,423	$ 40,040
Employee Contribution to Premiums as Per Law	$ 9,363	$ 10,486	$ 11,744	$ 13,153	$ 14,731
TOTAL HEALTH BENEFITS COMPENSATION	**$ 17,851**	**$ 19,938**	**$ 21,713**	**$ 23,270**	**$ 25,309**
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 5,500	$ 5,500	$ 5,500	$ 5,500	$ 5,500
Professional Development (Capped Amount or Estimated Annual Cost)	$ -	$ -	$ -	$ -	$ -
Tuition Reimbursement	$ -	$ -	$ -	$ -	$ -
Mentoring Expenses - Describe:	$ -	$ -	$ -	$ -	$ -
National/State/County/Local/Other Dues	$ 6,000	$ 6,000	$ 6,000	$ 6,000	$ 6,000
Subscriptions	$ -	$ -	$ -	$ -	$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	$ 650	$ 650	$ 650	$ 650	$ 650
Computer for Home use, including supplies, maintenance, internet	$ 500	$ 500	$ 500	$ 500	$ 500
Other - Describe:	$ -	$ -	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 12,650**	**$ 12,650**	**$ 12,650**	**$ 12,650**	**$ 12,650**
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	$ 19,595	$ 20,085	$ 20,587	$ 21,102	$ 21,629
Total Sick and Vacation Compensation	$ 34,595	$ 35,085	$ 35,587	$ 36,102	$ 36,629
TOTAL CONTRACT COSTS	**$ 268,892**	**$ 276,563**	**$ 284,062**	**$ 291,487**	**$ 299,540**