SUPERINTENDENT

Detailed Statement of Contract Costs

District: Monroe Township Board of
Name: Dr. Dori Alvich
District Grade Span: PreK-12
On Roll Students as of 10-15 of the prior year 6,807

	Year 1	Year 2	Year 3
Contract Term:	2019-20	2020-21	2021-22
Salary			
Base Salary	$ 182,405	$ 186,153	$ 190,454
Annual Cummulative Salary Increase (up to 2% per year)*		$ -	$ -
Amount for High School	$ 5,000	$ 5,000	$ 5,000
Amount for Additional Position (Principal, etc.) **Describe:	$ -	$ -	$ -
Shared Service	$ -	$ -	$ -
Longevity	$ -	$ -	$ -
Annual Salary	$ 187,405	$ 191,153	$ 195,454
Annual Salary Increase (up to 2% for successive contracts)***			
TOTAL ANNUAL SALARY	**$ 187,405**	**$ 191,153**	**$ 195,454**
Additional Salary			
Quantitative Merit Goals	$ -	$ -	$ -
Qualitative Merit Goals	$ -	$ -	$ -
Additional Compensation - Describe:			
Total Additional Salary	$ -	$ -	$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	**$ 187,405**	**$ 191,153**	**$ 195,454**
Total Premiums for:			
Health Insurance	$ 29,942	$ 29,942	$ 29,942
Prescription Insurance	$ 6,993	$ 6,993	$ 6,993
Dental Insurance	$ 1,306	$ 1,306	$ 1,306
Vision Insurance	$ 154	$ 154	$ 154
Disability Insurance	$ -	$ -	$ -
Other Insurance - Describe:	$ -	$ -	$ -
Waiver of Benefits	$ -	$ -	$ -
Total Cost of Premiums	$ 38,396	$ 38,396	$ 38,396
Employee Contribution to Premiums as Per Law	$ 13,439	$ 13,439	$ 13,439
****TOTAL HEALTH BENEFITS COMPENSATION	**$ 24,957**	**$ 24,957**	**$ 24,957**
Other Compensation			
Travel and Expense Reimbursement (Estimated Annual Cost)	$ 3,500	$ 3,500	$ 3,500
Professional Development (Capped Amount or Estimated Annual Cost)	$ 3,500	$ 3,500	$ 3,500
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	$ 1,200
Expense Reimbursement Mileage	$ 600	$ 600	$ 600
Other - Describe:	$ -	$ -	$ -
TOTAL OTHER COMPENSATION	**$ 8,800**	**$ 8,800**	**$ 8,800**
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	$ 23,786	$ 23,786	$ 23,786
Total Sick and Vacation Compensation	$ 38,786	$ 38,786	$ 38,786
TOTAL CONTRACT COSTS	**$ 259,948**	**$ 263,696**	**$ 267,997**

*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%

****Annual costs of health benefits may change in years 2 and 3 depending on health insurance premiums.