

# SUPERINTENDENT

## Detailed Statement of Contract Costs

District: North Brunswick Township Board of Education

Name: Janet Ciarrocca

Date BOE Authorized Submission to County Office

District Grade Span

On Roll Students as of 10-15-2021

|                 |
|-----------------|
| 3/28/2022       |
| Preschool to 12 |
| 5975            |

| Contract Term:      | Year 1     | Year 2     | Year 3     | Year 4     | Year 5     |
|---------------------|------------|------------|------------|------------|------------|
| 2022-23             | 2022-24    | 2022-25    | 2022-26    | 2022-27    |            |
| Salary              | \$ 215,000 | \$ 219,300 | \$ 223,686 | \$ 228,160 | \$ 232,723 |
| 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            | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Prescription Insurance      | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Dental Insurance            | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Vision Insurance            | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Disability Insurance        | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Long-term Care Insurance    | \$ 630 | \$ 645 | \$ 660 | \$ 670 | \$ 682 |
| Life Insurance              | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Other Insurance - Describe: | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |
| Waiver of Benefits          | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |

### Section 125 Plan Reimbursements - Describe:

|                                                     |        |        |        |        |        |
|-----------------------------------------------------|--------|--------|--------|--------|--------|
| Board Contribution for Cost of Premiums             | \$ 630 | \$ 645 | \$ 660 | \$ 670 | \$ 682 |
| Employee contribution to health benefits as per law | \$ -   | \$ -   | \$ -   | \$ -   | \$ -   |

|                                                                  | \$ | 630     | \$ | 645     | \$ | 660     | \$ | 670     | \$ | 682     |
|------------------------------------------------------------------|----|---------|----|---------|----|---------|----|---------|----|---------|
| Total Health Benefit Compensation                                | \$ | 2,500   | \$ | 2,550   | \$ | 2,600   | \$ | 2,650   | \$ | 2,700   |
| <b><u>Other Compensation</u></b>                                 |    |         |    |         |    |         |    |         |    |         |
| Travel and Expense Reimbursement (Estimated Annual Cost)         | \$ | 5,100   | \$ | 5,200   | \$ | 5,300   | \$ | 5,425   | \$ | 5,520   |
| Professional Development (Estimated Annual Cost)                 | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| Tuition Reimbursement                                            | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| Mentoring Expenses - Describe:                                   | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| National/State/County/Local/Other Dues                           | \$ | 5,100   | \$ | 5,200   | \$ | 5,300   | \$ | 5,425   | \$ | 5,520   |
| Subscriptions                                                    | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| Board Paid Cell Phone or Reimbursement for Personal Cell Phone   | \$ | 1,390   | \$ | 1,415   | \$ | 1,445   | \$ | 1,470   | \$ | 1,500   |
| Computer for Home use, including supplies, maintenance, internet | \$ | 3,550   | \$ | 3,620   | \$ | 3,690   | \$ | 3,770   | \$ | 3,840   |
| Other - Describe:                                                | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| Total Other Compensation                                         | \$ | 17,640  | \$ | 17,985  | \$ | 18,335  | \$ | 18,740  | \$ | 19,080  |
| <b><u>Sick and Vacation Compensation</u></b>                     |    |         |    |         |    |         |    |         |    |         |
| Max Paid for Unused Sick Leave Upon Retirement                   | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| Max Paid for Unused Vacation Leave - Retirement or Separation    | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| Total Sick and Vacation Compensation                             | \$ | -       | \$ | -       | \$ | -       | \$ | -       | \$ | -       |
| <b>TOTAL CONTRACT COSTS</b>                                      | \$ | 233,270 | \$ | 237,930 | \$ | 242,681 | \$ | 247,570 | \$ | 252,485 |