

Teacher Salary Study

SESSION
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**03-011-0140-24 South Fork SD 14
2018-2019**

Please review your data and then scroll to the bottom and click on the 'Submit to Administrator' button.

PART A - District Salary Study

Estimate your district's current fall enrollment by checking the appropriate box below.

- Under 500
- 500-999
- 1,000-2,999
- 3,000-5,999
- 6,000-11,999
- 12,000 and over

Check the box which best describes your teacher salary program.

- Salary schedule
- Salary policy but NO salary schedule
- NO salary policy and NO salary schedule (If you checked this box, complete Parts C and F only.)

Check the month when your district's teacher salary schedule or policy was or will be adopted.

- January or before
- February
- March
- April
- May
- June
- July
- August
- September or later

PART B - Negotiated Agreement

Yes No Is there a negotiated agreement between your school board and teacher organization?

If YES, send a copy of the entire written contract and answer the following three items (i, ii and iii).

(i) Please indicate the affiliation of the local teacher organization. (This does not assume that the school board formally recognizes the affiliation.)

- IEA-NEA
- IFT-AFT

- Independent
- Other (specify) _____

(ii) Provide expiration of the contract. July 2019

(iii) Does the contract contain a fair share provision? Yes No

If NO, how was your district's salary schedule and/or policy developed prior to adoption by the school board?

- Meeting(s) between school board and superintendent based upon discussions between superintendent and teachers
- Meeting(s) between school board and superintendent without discussion(s) between superintendent and teachers

PART C - Policies/Provisions

Check all items below which describe your district's salary policies or provisions for the school year.

- Salary program based upon "merit" or performance evaluation of individual teachers
- Severance pay (additional compensation upon employment termination)
- Early retirement (before age 60) incentive program where any part or all of the teacher's contribution is paid by district funds
- Sick leave bank
- Direct reimbursement (whole or half) for expenses incurred (e.g., tuition, materials) in acquiring additional college credit
- Personal, business, or emergency leave with pay. Number of days: 3
- Sick leave accumulation beyond 180 days. Maximum number of days allowed (enter U if unlimited): 360

PART D - Teacher Salaries and Board-Paid or Tax-Sheltered Retirement

Yes No Are Teacher Retirement System monies included in the salaries reported in your salary schedule?

What percent of the teachers' salaries is paid by the board to TRS? If none, please enter 0. 9.9 %

This includes the teacher's share of 9.0%. If the board pays all of the teacher's share, the maximum compounded percent is 9.89. It excludes THIS (insurance).

Please enter annual teacher salaries from your schedule or policy in the spaces provided. INCLUDE board-paid or tax-sheltered retirement contribution in the salaries but exclude fringe benefits. (If your district pays for retirement, and if salaries in the schedule do not include retirement, please add the retirement dollars to the salaries when reporting in Part D.)

DO NOT include individual compensation resulting from (1) extra curricular duties, (2) employment beyond the regular school year, (3) longevity service (pay beyond the schedule's last step or policy), or (4) any other benefit except for retirement.

1. Salary reported to TRS. If there is a different salary schedule for the first and second semesters, average the two salary	BACHELOR'S No Extra Hours		MASTER'S No Extra Hours			MASTER'S + 30-32 Semester Hours Only		Highest Scheduled Salary
	Beginning	Maximum	Beginning	10th Year	Maximum	Beginning	Maximum	
	\$ 34168	\$ 58336	\$ 36131	\$ 42853	\$ 63103	\$ 37940	\$ 64914	\$ 64914

schedules for a yearly salary schedule.								
2. Completed Years of Experience to Reach Maximum Regularly Scheduled Salary*		36 Yrs.			36 Yrs.		36 Yrs.	36 Yrs.
* Subtract the number of your first step or year (either 0 or 1) from the <u>maximum salary step number</u> to arrive at the number of <u>completed years of experience</u> to reach the maximum salary.								

What level of education is required to reach the highest scheduled salary? (Check the highest degree and enter the number of additional semester hours.)

- Bachelor's + (sem. hrs.)
- Master's + 30 (sem. hrs.)
- Certificate of Advanced Study (or 6 Year Specialist Certificate) + (sem. hrs.)
- Doctor's + (sem. hrs.)

PART E - Longevity Pay

Yes No Does your district provide longevity pay beyond the schedule's last annual regular salary increase?

In the spaces provided below, please enter the maximum earnings with longevity for the various degree levels. INCLUDE board-paid or tax-sheltered retirement contribution in the salaries reported to the Teacher Retirement System, but exclude fringe benefits.

DO NOT include individual compenstion resulting from (1) extra curricular duties, (2) employment beyond the regular school year, or (3) any other benefit except for retirement.

If your district provides longevity pay at a certain dollar amount per year beyond the salary schedule, please estimate the maximum annual salary for longevity assuming a maximum of 34 years service. For example, if you pay teachers \$500 per year beyond the 24th year and if the regular salary at the 24th year is \$40,000 for teachers with Master's degrees, then the longevity pay should be \$45,000 (\$40,000 plus \$500 x 10 years) for this level.

Longevity pay should be greater than regular pay reported in Part D.

Unless the longevity step is shown beyond 34 years, do not exceed the TRS maximum of 34 years.

	BACHELOR'S No Extra Hours		MASTER'S No Extra Hours		MASTER'S + 30-32 Semester Hours Only		Highest Scheduled Salary	
	Maximum	Years*	Maximum	Years*	Maximum	Years*	Maximum	Years*
	\$		\$		\$		\$	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Subtract the number of your first step or year (either 0 or 1) from the maximum longevity step numbers to arrive at the number of completed years of experience to reach the maximum longevity salary.

PART F - Fringe Benefits

Yes No Are all full-time employees who are covered by the teacher salary schedule/policy eligible to receive the same fringe benefits coverage? (If NO, please use that which reflects the highest regularly scheduled step or policy.)

Which of the following board-sponsored fringe benefits are available to those employees covered by the salary schedule/policy?

If a fringe benefit is paid (whole or part) for the employee and that fringe benefit is offered to the family, also enter the proper cost in the family cost column. Enter the family cost regardless of whether the board is paying any of the coverage of the family. If the board pays a portion of the family coverage, enter the percent paid by the board. **If the board does not pay any of the family coverage, enter "0" in the family percent column.**

Please provide premium data for the year (annual), not month. If your district offers choices, e.g. different HMOs with different costs for Hospitalization/Health Insurance, please report only the highest cost.

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FRINGE BENEFITS (If one policy covers several benefits, please enter the dollar amount under main policy coverage, but put identical % in each of the other benefits.)	EMPLOYEE		FAMILY	
	Annual Premium per Employee	Percent Paid by Employer	Annual Premium per Family Excluding Employee	Percent Paid by Employer

A. Noncafeteria				
Dental Insurance	\$ 448	0 %	\$ 1307	0 %
Disability Insurance (exclude state disability) (use highest scheduled salary)	\$ 0	0 %	\$ 0	0 %
Hospitalization/Health Insurance	\$ 6192	93 %	\$ 13608	0 %
Life Insurance (use highest scheduled salary)	\$ 37	100 %	\$ 0	0 %
Prescription Insurance (If part of health insurance, enter % of health insurance that is board paid.)	\$ 0	93 %	\$ 0	0 %
Vision Insurance	\$ 118	0 %	\$ 224	0 %

B. Cafeteria Plan (List benefits below and provide an overall number in each box on the right)	\$	%	\$	%

1. Benefit
2. Benefit
3. Benefit
4. Benefit

C. Other (List benefits below and provide an overall number in each box on the right)	\$	%	\$	%

1. Benefit
2. Benefit
3. Benefit
4. Benefit

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday
 or Click here to Contact Us
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