

School Year	RCDT Code	District Name	Enrollment Range	Enrollment Counts	Salary Program
2021	3011014024	South Fork SD 14	Under 500	308	Salary Schedule

<b>Month Salary Schedule Adopted</b>	<b>Signed Written Agreement</b>	<b>Local Affiliation</b>	<b>Board and Superintendent Based on Discussions With Teachers</b>	<b>Salary Program (Merit or Performance)</b>	<b>Severance Pay</b>
August	Yes	IEA-NEA			

Early Retirement Program	Sick Leave Bank	Direct Reimbursement for Expenses	Leave with Pay	Sick Leave > 80 Days	Bachelor's Beginning Salary	Bachelor's Maximum Salary
	Yes	Yes	Yes	Yes	\$ 38,822.00	\$ 66,286.00

<b>Bachelor's Years to Max</b>	<b>Master's Beginning Salary</b>	<b>Master's Maximum Salary</b>	<b>Master's Years to Max</b>	<b>Master's 30-32+ Beginning Salary</b>	<b>Master's 30-32+ Maximum Salary</b>
36	\$ 42,324.00	\$ 72,357.00	36	\$ 44,380.00	\$ 73,753.00

Master's 30-32+ Years to Max	Highest Scheduled Salary	Years to Highest Scheduled Salary	Education Level Required to Reach Highest Salary	Additional Hours Required to Reach Highest Salary
36	\$ 73,753.00	36	Master's	30

All Full-time Employees Eligible to Receive the Same Fringe Benefit Coverage	Teacher Retirement System Monies Included in Salary Schedule	Percentage of Board Paid TRS (Part D)	Annual Dental Premium for Employee	Percentage of Employee Dental Paid by Employer
Yes	Yes	9.9	448	0

Annual Dental Premium for Family	Percentage of Family Dental Paid by Employer	Annual Disability Insurance Premium for Employee
1307	0	0

Percentage of Employee Disability Insurance Paid by Employer	Annual Disability Insurance Premium for Family	Percentage of Family Disability Insurance Paid by Employer
0	\$ -	0

<b>Annual Hospitalization Insurance Premium for Employee</b>	<b>Percentage of Employee Hospitalization Insurance Paid by Employer</b>	<b>Annual Hospitalization Insurance Premium for Family</b>	<b>Percentage of Family Hospitalization Insurance Paid by Employer</b>	<b>Annual Life Insurance Premium for Employee</b>
\$ 6,684.00	96	\$ 14,688.00	0	\$ 37.00

Percentage of Employee Life Insurance Paid by Employer	Annual Life Insurance Premium for Family	Percentage of Family Life Insurance Paid by Employer	Annual Prescription Insurance Premium for Employee
100	0	0	\$ -

Percentage of Employee Prescription Insurance Paid by Employer	Annual Prescription Insurance Premium for Family	Percentage of Family Prescription Insurance Paid by Employer	Annual Vision Insurance Premium for Employee
0	\$ -	0	\$ 118.00

Percentage of Employee Vision Insurance Paid by Employer	Annual Vision Insurance Premium for Family	Percentage of Family Vision Insurance Paid by Employer	Cafeteria Plan 1	Cafeteria Plan 2	Cafeteria Plan 3
0	\$ 224.00	0			

Cafeteria Plan 4	CAFTERIA PLAN (1-4) MEMBER COST	CAFTERIA PLAN (1-4) MEMBER PERCENT PAID BY EMPLOYER	CAFTERIA PLAN (1-4) FAMILY COST	CAFTERIA PLAN (1-4) FAMILY PERCENT PAID BY EMPLOYER	OTHER BENEFIT TYPE 1
	\$ -	0	\$ -	0	NULL

OTHER BENEFIT TYPE 2	OTHER BENEFIT TYPE 3	OTHER BENEFIT TYPE 4	OTHER BENEFITS (1- 4) MEMBER COST	OTHER BENEFITS (1-4) MEMBER PERCENT PAID BY EMPLOYER	OTHER BENEFITS (1-4) FAMILY COST
NULL	NULL	NULL	\$ -	0	\$ -

OTHER BENEFITS (1-4) FAMILY PERCENT PAID BY EMPLOYER	EXPIRATION DATE OF CONTRACT	MASTERS 10TH YEAR SALARY	DOES CONTRACT CONTAIN FAIR SHARE PROVISION?	LONGEVITY PAY PROVIDED BY CONTRACT?	LONGEVITY BACHELORS MAXIMUM
0	Jul-22	\$ 48,689.00	1	\$ 2.00	NULL

<b>YEARS TO LONGEVITY BACHELORS MAXIMUM</b>	<b>LONGEVITY MASTERS MAXIMUM</b>	<b>LONGEVITY MASTERS MAXIMUM</b>	<b>LONGEVITY MASTERS 30-32+ MAXIMUM</b>	<b>YEARS TO LONGEVITY MASTERS 30-32+ MAXIMUM</b>	<b>LONGEVITY HIGHEST SCHEDULED SALARY MAXIMUM</b>
NULL	NULL	NULL	NULL	NULL	NULL

LONGEVITY HIGHEST YEAR SCHEDULED SALARY MAXIMUM	BUSINESS OR EMERGENCY LEAVE W/PAY	DAYS SICK LEAVE ACCUnlimitedMUlimitedLAT ION BEYOND 180 DAYS
NULL	3	360