

CALICO ROCK PUBLIC SCHOOLS
CLASSIFIED SALARY SCHEDULE FOR 2014-2015
Approved by Board of Education May 21, 2014

Total Months	Daily Hours	No. Days	STEPS	0	1	2	3	4	5	6	7	8	9	10	11	12
		APSCN Steps		1	2	3	4	5	6	7	8	9	10	11	12	13
<u>Custodians/Maintenance*/Classroom Aides</u>																
	9	7	178	10545	10935	11325	11715	12105	12495	12885	13275	13665	14055	14445	14835	15225
	9	8	178	12050	12495	12940	13385	13830	14275	14720	15165	15610	16055	16500	16945	17390
	12	8	248	16790	17410	18030	18650	19270	19890	20510	21130	21750	22370	22990	23610	24230
<u>Lunchroom</u>																
<u>Head Cook</u>																
	10	8	195	13500	14000	14500	15000	15500	16000	16500	17000	17500	18000	18500	19000	19500
<u>Cooks</u>																
	9	7	183	10840	11240	11640	12040	12440	12840	13240	13640	14040	14440	14840	15240	15640
<u>Nurse</u>																
<u>LPN</u>																
	9	7	178	12981	13306	13631	13956	14281	14606	14931	15256	15581	15906	16231	16556	16881
<u>RN</u>																
	9	7	178	14149	14574	14999	15424	15849	16274	16699	17124	17549	17974	18399	18824	19249
<u>Clerical</u>																
	12	8	248	16790	17410	18030	18650	19270	19890	20510	21130	21750	22370	22990	23610	24230
<u>Supervisors</u>																
	12	8	248	18835	19455	20075	20695	21315	21935	22555	23175	23795	24415	25035	25655	26275
<u>Assistant to Superintendent/Bookkeeper</u>																
	12	8	248	21835	22455	23075	23695	24315	24935	25555	26175	26795	27415	28035	28655	29275
<u>Computer Technician</u>																
	11	8	220	31550	32080	32610	33140	33670	34200	34730	35260	35790	36320	36850	37380	37910

Extra Duty

- a. District Treasurer - 1800
- b. District Secretary - 900
- c. Nutrition Reimbursement Clerk - 600

Bus Drivers

Corinth, Hwy 223 - \$39.88/day x 178 Student Days = \$7,100

Dolph, Boswell, Hwy. 5, & Hwy. 56/Wideman - \$41.57/day x 178 Student Days = \$7,400

Culp Route - \$43.08/day x 178 Student Days = \$7,670

Pay Classified Substitutes at rate of \$7.74/hour

Shad McClain

President of Board

May 21, 2014

Date

This salary schedule was approved on May 21, 2014 and remains in effect for the 2015-2016 school year.

FRINGE BENEFITS

The Calico Rock School District provides its classified personnel benefits consisting of the following:

1. Health insurance assistance of \$164 a month for those classified staff who choose to participate in the state's health insurance plan. One sick leave day per calendar year worked.
2. 2 to 4 personal days (refer to personal leave)
3. Free entrance to sports functions

EVALUATION PROCEDURES

Employees will be evaluated annually by their supervisors or more frequently if necessary.

TERMINATION AND NON-RENEWAL

For procedures relating to the termination and non-renewal of classified employees, please refer to the Public School Employee Fair Hearing Act A.C.A. § 6-17-1701 through 1705. The Act specifically is not made a part of this policy by this reference. A copy of the code is available in the office of the principal of each school building.

ASSIGNMENT OF TEACHERS AIDES

The assignment of teachers' aides shall be made by the principal or his/her designee. Changes in the assignments may be made as necessary due to changes in the student population, teacher changes, and to best meet the educational needs of the students.

ASSIGNMENT OF CLASSIFIED PERSONNEL

The Superintendent shall be responsible for assigning and reassigning classified personnel.

Shad McClain
President of Board

05/26/2015
Date

**CALICO ROCK SCHOOL DISTRICT
SALARY SCHEDULE - LICENSED PERSONNEL
2015-2016**

Approved by Board of Education May 21, 2014

STEP	BSE	B+36/MSE
0	31250	35631
1	31700	36131
2	32150	36631
3	32600	37131
4	33050	37631
5	33500	38131
6	33950	38631
7	34400	39131
8	34850	39631
9	35300	40131
10	35750	40631
11	36200	41131
12	36650	41631
13	37200	42131
14	37750	42631
15	38000	43131
16	38450	43631

Extra Duty

- | | |
|---|-----------------------------------|
| a. Boys Basketball Coach, 1,500/Sr. Boys, 1,000/Jr. Boys | m. Junior Quiz Bowl Sponsor, 100 |
| b. Girls Basketball Coach, 1,500/Sr. Girls, 1,000/Jr. Girls | n. Senior Quiz Bowl Sponsor, 100 |
| c. Athletic Director, 750 | o. Elem Quiz Bowl Sponsor, 100 |
| d. Yearbook Sponsor, 500 | p. Elem Chess Sponsor, 100 |
| e. Baseball Coach, 500 | q. High School Chess Sponsor, 100 |
| f. Junior Class Co-sponsor, 200 | r. Spelling Bee Sponsor, 100 |
| g. Senior Class Co-sponsor, 200 | s. PPC Members, 100 |
| h. Softball Coach, 500 | t. Science Fair Coordinators, 100 |
| i. Band Director, 1,000 | u. Pee Wee Coach, 1,300 |
| j. Parent Center Facilitator, 500 | |
| k. Federal Programs Coordinator, 5,000 | |
| l. ACSIP Chairperson, \$350 (as long as federal funds are available) | |

Extended Contracts

	Days
H.S. Counselor	210
Business Ed/Computer Lab Facilitator	200
Home Ec	200
Agri	245
Music Teacher	210
H.S. Basketball Coach	210
Special Education Coordinator	210
Library Media Specialist/Technology Coordinator	210
Computer Technician	220

Administrator Salary Schedule

Elementary Principal:	9-month salary times 1.45
High School Principal:	9-month salary times 1.45
Assistant Principal:	9-month salary times 1.45
Superintendent:	9-month salary times 1.77

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3.52F—LICENSED PERSONNEL HEALTH CARE COVERAGE AND TIN REPORT FORM

The District requires all licensed employees to complete the following form **each year** and return it to the District's administrative office by October 1. In accordance with Arkansas law, the District shall not use, display, release, or print any of the information on this form for any other purpose than to comply with IRS regulations.

Definition

"Tax Identification Number (TIN)" means an individual's social security account number.

Health Insurance Information

Name: _____

TIN: _____ Date of Birth : _____

Please select the box that most accurately describes your health insurance coverage for the **current year**:

_____ Neither I nor any of my dependents received health insurance through one of the District's health insurance plans during the **current calendar year**. (No coverage through District)

_____ I alone received health insurance through one of the District's health insurance plans during the **current calendar year**. (Employee only coverage through the District)

_____ Both I and my dependent(s) received health insurance through a District's family or spousal health insurance plan during the **current calendar year**. A spouse is included in the definition of a dependent. (Employee plus children, Employee plus spouse, Employee plus spouse and children)

If you had a family or spousal health care plan during the current year, please complete the following:

Dependant 1:

Name: _____ TIN: _____ Date of Birth: _____

Dependant 2:

Name: _____ TIN: _____ Date of Birth: _____

Dependant 3:

Name: _____ TIN: _____ Date of Birth: _____

Dependant 4:

Name: _____ TIN: _____ Date of Birth: _____

Signature: _____ Date: _____

Shad McClain

President of Board

05-21-2014

Date

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