

**CALICO ROCK PUBLIC SCHOOLS
CLASSIFIED SALARY SCHEDULE FOR 2018-2019
BOARD APPROVED May 24, 2017**

Total Months	Daily Hours	No. Days	Yrs Exp													
			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	10803	11193	11583	11973	12363	12753	13143	13533	13923	14313	14703	15093	15483
	9	8	178	12346	12791	13236	13681	14126	14571	15016	15461	15906	16351	16796	17241	17686
	12	8	248	17201	17821	18441	19061	19681	20301	20921	21541	22161	22781	23401	24021	24641

Lunchroom

Head Cook

10	8	195	13827	14327	14827	15327	15827	16327	16827	17327	17827	18327	18827	19327	19827
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Cooks

9	7	183	11107	11507	11907	12307	12707	13107	13507	13907	14307	14707	15107	15507	15907
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Nurse

LPN

9	7	178	13294	13619	13944	14269	14594	14919	15244	15569	15894	16219	16544	16869	17194
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RN

9	7	178	14488	14913	15338	15763	16188	16613	17038	17463	17888	18313	18738	19163	19588
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Clerical

12	8	248	17201	17821	18441	19061	19681	20301	20921	21541	22161	22781	23401	24021	24641
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Supervisors

12	8	248	19286	19906	20526	21146	21766	22386	23006	23626	24246	24866	25486	26106	26726
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Assistant to Superintendent/Bookkeeper

12	8	248	22361	22981	23601	24221	24841	25461	26081	26701	27321	27941	28561	29181	29801
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Computer Technician

11	8	220	32260	32790	33320	33850	34380	34910	35440	35970	36500	37030	37560	38090	38620
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Extra Duty

- a. District Treasurer - 2000
- b. District Secretary - 1000
- c. Nutrition Reimbursement Clerk - 1000
- d. PPC Members - 100
- e. eSchool Coordinator - 1500

Bus Drivers

Dolph/Hwy. 5/Hwy. 56/Wideman/Corinth - \$44.10/day x 178 Student Days = \$7,850
 Culp Route/Boswell - \$45.61/day x 178 Student Days = \$8,120

Pay Classified Substitutes at rate of \$8.50/hour

Rex Whitfield

 President of Board

May 24, 2017

 Date

3. Free entrance to sports functions
4. Classified PPC Committee Members will receive a \$100 stipend

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.

Signature of Board President: Rex Whitfield Date: March 27, 2018

CLASSIFIED PERSONNEL USE OF PERSONAL PROTECTIVE EQUIPMENT

Employees whose job duties require the use or wearing of Personal Protective Equipment (PPE) shall use or wear the prescribed PPE at all times while performing job duties that expose employees to potential injury or illness. Examples of PPE include, but are not limited to:

- Head and face protection:
 - Hard hat;
 - Bump cap;
 - Welding helmet;
 - Safety goggles;
 - Safety glasses;
 - Face shield;
- Respiratory protection:
 - Dust/mist mask;
 - Half-face canister respirators;
- Hearing protection:
 - Ear plugs;
 - Ear muffs;
- Hand protection, which is based on hazard exposure(s) and type(s) of protection needed:
 - Leather;
 - Latex;
 - Rubber;
 - Nitrile;
 - Kevlar;
 - Cotton;
- Body protection:
 - Welding apron;

**CALICO ROCK SCHOOL DISTRICT
SALARY SCHEDULE - LICENSED PERSONNEL
2018-2019**

Approved by Board of Education May 24, 2017

YEARS EXP	BSE	B+36/MSE
0	31800	36450
1	32250	36950
2	32700	37450
3	33150	37950
4	33600	38450
5	34050	38950
6	34500	39450
7	34950	39950
8	35400	40450
9	35850	40950
10	36300	41450
11	36750	41950
12	37200	42450
13	37650	42950
14	38100	43450
15	38550	43950
16	39000	44450

Extra Duty

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|---|-----------------------------------|
| a. Boys Basketball Coach, 2,000/Sr. Boys, 1,500/Jr. Boys | m. Junior Quiz Bowl Sponsor, 100 |
| b. Girls Basketball Coach, 2,000/Sr. Girls, 1,500/Jr. Girls | n. Senior Quiz Bowl Sponsor, 100 |
| c. Athletic Director, 1,000 | o. Elem Quiz Bowl Sponsor, 100 |
| d. Yearbook Sponsor, 1,000 | p. Elem Chess Sponsor, 100 |
| e. Baseball Coach, 1,000 | 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, 1,000 | 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	210
Computer Technician\Technology Coordinator	220

Administrator Salary Schedule

Elementary Principal:	9-month salary times 1.465
High School Principal:	9-month salary times 1.48
Assistant Principal:	9-month salary times 1.15
Superintendent:	9-month salary times 1.85

Rex Whitfield
President of Board

May 24,, 2017
Date

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: Rex Whitfield
President of Board

Date: March 27, 2018