

EMPLOYEE WAGES & BENEFITS GUIDE

The following guide may be used for determining work schedules, wages, and benefits governing employment. Many districts have employee policy statements and job descriptions already in place. This section provides excellent information for developing or updating employee policies.

BASICS:

SALARY: _____ per _____ on a _____ basis.

Payday is _____.

Your performance will be evaluated _____, at which time salary negotiations may be entered into.

NORMAL WORKING HOURS: _____ to _____.

Monday Tuesday Wednesday Thursday Friday (circle applicable)

Breaks:

Coffee: _____ to _____ a.m. _____ to _____ p.m.

Lunch: _____ to _____

OVERTIME:

Payable at _____ times base salary for all hours over _____ in _____ weeks.

_____ Compensatory time _____ may _____ will be taken in lieu of overtime pay.

BENEFITS: (Check if applicable)

LEAVE:

_____ **Annual Leave (Vacation)**

_____ Paid or _____ Unpaid

Available to: _____ Permanent _____ Temporary _____ Part-time

Earned at the rate of _____ per _____. Will this accrual rate increase after a specific number of years of employment? _____

If yes, indicate rate of increase here: _____

Is there a limit to how much annual leave may be accrued? _____

If yes, indicate limits here _____

Will annual leave be pro-rated for part-time employees? _____

If yes, indicate arrangements here _____

If this is a paid leave plan, will accrued annual leave be eligible for payment in lieu of taking time off? ____ yes ____ no

If this is a paid leave plan, will accrued annual leave be eligible for payment at time of:

_____ termination _____ retirement _____ death

_____ paid or _____ unpaid leave of absence? _____

Prior approval for over _____ day(s) leave must be obtained _____ days in advance from _____

Must be employed _____ before annual leave is allowable

_____ **Sick Leave**

_____ Paid or _____ Unpaid

Available to: _____ Permanent _____ Temporary _____ Part-time

Must be employed _____ before allowable.

Earned at the rate of _____ per _____.

_____ Sick Leave will be pro-rated for part-time employees based on _____

_____ Sick leave accrual limited to _____

_____ No sick leave accrual limit

Sick leave _____ may _____ may not be advanced.

If paid sick leave plan, payment _____ will _____ will not be made for all or part of accrued sick leave at time of: _____ termination _____ retirement _____ death _____ paid or _____ unpaid leave of absence.

The minimum amount of time that may be taken on sick leave is _____ hour(s).

Notification should be made to _____ within _____ if sick leave is being taken.

Sick leave over _____ will require a physician's statement.

Sick leave is allowed for the following reasons (Check applicable):

_____ Personal illness (including maternity leave)

_____ Personal medical appointments

_____ Care & attendance for members of immediate family

_____ Medical appointments of immediate family

_____ Exposure to contagious disease that would endanger the health of co-workers
(requires explanatory medical certificate from physician)

_____ Death in family

_____ Accident not occurring on the job

Immediate family is defined as:

_____ step _____ parents _____ step _____ children

_____ step _____ grandparents _____ step _____ grandchildren

_____ spouse _____ step _____ siblings

_____ Other: _____

_____ **Maternity Leave**

If sick leave is allowed for personal illness, it must be allowed for maternity. It is not required that any more maternity leave be allowed than what the doctor says is medically necessary (up to the amount of sick leave earned).

Arrangements procedure _____.

_____ **Administrative Leave (Holidays)**

_____ Paid or _____ Unpaid

Available to: _____ Permanent _____ Temporary _____ Part-time

Legal holidays (Check applicable):

_____ New Year's Day

_____ Martin Luther King Day

_____ President's Day

_____ Memorial Day

_____ Independence Day

_____ Labor Day

_____ Native American Day

_____ Veteran's Day

_____ Thanksgiving Day

_____ Christmas Day

_____ General Election Day

_____ Good Friday

_____ County Fair Day

_____ Partial or _____ Full day near

Thanksgiving

_____ Partial or _____ Full day near

Christmas

_____ Partial or _____ Full day near

New Year's Day

_____ Floating Holiday

_____ Other (specify):

If a legal holiday falls on Sunday, Monday is the holiday. If a legal holiday falls on Saturday, Friday is the holiday.

_____ Administrative leave (holiday) _____ will or _____ will not be pro-rated to part-time employees on the following basis: _____.

_____ **Blood Donation** _____ Paid or _____ Unpaid

_____ May be excused _____ hours for subsequent rest and recuperation if not compensated for donation.

_____ **On-The-Job Injury**

_____ Not charged leave for initial emergency treatment or exam. For subsequent absences, consult sick leave policy or worker's compensation policy.

_____ **Hazardous Weather**

A. If office is declared closed, or authorities publicly declare driving limited and employee is unable to report for duty, the employee is excused without charge to annual leave.

B. If weather conditions are unusually severe, tardiness not in excess of _____ hours may be excused.

C. If employee does not report to duty during hazardous weather (except under A. above), annual leave is to be charged unless it is determined that the employee made every reasonable effort to get to work but was unable to due to weather conditions. Then excused absence may be approved in amounts up to _____ hours.

_____ **Funeral Leave** Approval procedure _____

_____ **Court Leave**
_____ Jury Duty Approval Procedure _____
_____ Witness Duty Approval Procedure _____

_____ **Military Leave** (must be offered as a benefit as prescribed by statute)
_____ Paid or _____ Unpaid
Applicable to all employees, other than temporary
Prior approval to be requested from the board. Maximum time allowed is _____
unless emergency exists. Such cases shall be reviewed by the board.

_____ **Registration & Voting Leave**
Approval procedure: _____

INSURANCE:

_____ **Life Insurance**
Information filed _____
Contact person: _____

_____ **Health Insurance**
Information filed _____
Contact person: _____

_____ **Disability Insurance**
Information filed _____
Contact person: _____

RETIREMENT:

_____ Coverage offered
Information filed _____
Contact person: _____

TRANSPORTATION:

_____ The district will provide a vehicle for official business.
_____ The district _____ will _____ will not provide mileage compensation in the amount of
\$ _____ per mile when a personal vehicle is used for official business.

PROFESSIONAL MEMBERSHIPS:

_____ Acceptable memberships and approved fees:

TUITION REIMBURSEMENT:

_____ Approval procedure for workshops, training seminars, etc.:

