| Superintendent Pay Transparency Notice—Proposed Co | ontract (Name of current | t or new superintender | <u>nt)</u> |
|---|----------------------------------|--------------------------|------------------------|
| Notice is hereby given thatAllen ConsolidatedSchool | ls has approval of a proposed | l superintendent employm | nent contract/contract |
| amendment on its agenda for the board meeting to | | | |
| Multipurpose R | | | |
| | | | |
| After the 2018/19 school year, how many years remain on the contract: | (Column F | U | |
| | ional years remain on contract.) | | |
| The estimated costs to the district for the 2018/19 year and future | | | |
| | 2018/19 Base Pay, | Future Base Pay, | İ |
| | Additional | Additional | TOTAL CONTRACT |
| | Compensation & | Compensation & | COST |
| | Benefits | Benefits per Contract | |
| Base Pay for the Total FTE | \$ 137,754.00 | | \$ 137,754.00 |
| Compensation for activities outside of the regular salary: | | | |
| Extended contracts / Activities outside of regular salary | | | \$ - |
| Bonus/Incentive/Performance Pay | | | \$ - |
| • Stipends | | | \$ - |
| All other costs not mentioned above | | | \$ - |
| Benefits and Payroll Costs Paid by district: | | | |
| • Insurances (Health, Dental, Life, Long Term Disability) | \$ 599.04 | | \$ 599.04 |
| Cafeteria Plan Stipend | | | \$ - |
| Cash in lieu of insurance | | | \$ - |
| • Employee's share of retirement, deferred compensation, FICA and | | | |
| Medicare if paid by the district | | | \$ - |
| District's share of retirement, FICA and Medicare | \$ 24,198.47 | | \$ 24,198.47 |
| IRS value of housing allowance | | | \$ - |
| IRS value of vehicle allowance | | | \$ - |
| Additional leave days | | | \$ - |
| Annuities | | | \$ - |
| Service credit purchase | | | \$ - |
| Association / Membership dues | \$ 600.00 | | \$ 600.00 |
| Cell Phone/Internet reimbursement | | | \$ - |
| Relocation reimbursement | | | \$ - |
| Travel allowance/reimbursement | | | \$ - |
| Mileage Allowance | | | \$ - |
| Educational tuition assistance | | | \$ - |
| All other benefit costs not mentioned above | | | \$ - |
| Totals: | \$ 163,151,51 | - ' | \$ 163.151.51 |