

# The Collective Bargaining Report on Gateway

## What Information is Being Collected?

The following entry screens are screenshots from the online application. We provide these here so you can see what information is required. This will help you in gathering the information and having all you need available to you when you use the application.

Part I	Part II	Part III	Part IV	Part V	Part VI	Part VII	Part VIII
Complete	Complete	Complete	Complete	Complete	Not Complete	Not Complete	Not Complete

  

### Part I

Please select an item  Urban  Suburban  Rural

When does your 2013-2014 bargaining agreement begin?  mm/dd/yyyy

When does your 2013-2014 bargaining agreement end?  mm/dd/yyyy

For 2012-2013 did you accept transfer students who do not have legal settlement within your school corporation?  Yes  No

For 2013-2014 do you accept transfer students who do not have legal settlement within your school corporation?  Yes  No

### Positions

Number of certificated positions in the bargaining unit 2012-2013

Total number of certificated positions 2012-2013 (exclude administrative positions)

### Salaries for all in bargaining unit

Total of salary costs for all teachers 2012-2013 \$

Minimum annual teacher salary "Full Time" 2012-2013 \$

Average annual teacher salary "Full Time" 2012-2013 \$

Maximum annual teacher salary "Full Time" 2012-2013 \$

Total cost of all teacher salary increases 2012-2013 \$

Part <b>I</b> Complete	Part <b>II</b> Complete	Part <b>III</b> Complete	Part <b>IV</b> Complete	Part <b>V</b> Complete	Part <b>VI</b> Not Complete	Part <b>VII</b> Not Complete	Part <b>VIII</b> Not Complete
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**Part II**

**Salary Stipend (or Bonuses) \*Excluding Extracurricular**

Total stipends paid to all teachers 2012-2013 \$232.00

Total number of teachers receiving a stipend 2012-2013 1

**Extracurricular**

Total dollars budgeted for all positions 2012-2013 \$1233.00

Back Save and Continue

**Part III**

**Long Term Disability**

Total percent (%) of a teacher's salary paid by the corporation for a teacher's LTD coverage 2012-2013  %  
 Total percent (%) of a teacher's salary paid by the teacher for a teacher's LTD coverage 2012-2013  %  
 Annual Total dollars paid by the corporation for LTD for all teachers 2012-2013 \$

**Retirement**

Does your corporation have unfunded teacher retirement costs (excluding sick day payouts) 2012-2013?  Yes  No  
 Do you have a bridge plan for early teacher retirees 2012-2013?  Yes  No

**Teachers Retirement Fund**

Who pays the mandatory employee TRF contribution 2012-2013  Corporation  Teachers

**Other Retirement Plans**

*Indicate percent (%) or amount (\$) of a teacher's salary your corporation contributes to any of the following 2012-2013:*

401(a)  %  
 OR  
 \$   
 403(b)  %  
 OR  
 \$   
 VEBA  %  
 OR  
 \$   
 Other not elsewhere defined  %  
 OR  
 \$

If you answer "other", please describe briefly

Part IV

Life Insurance **I**

Total dollars paid by the corporation for all teachers' life insurance policies 2012-2013 \$22222.00

Amount of coverage provided to each teacher 2012-2013 \$2322.00

Individual teacher cost for life insurance coverage 2012-2013 \$2322.00

Paid Time Off

Number of annual paid sick days a teacher can accrue in a school year 2012-2013 2

Maximum number of paid sick days a teacher can accumulate at any given time 2012-2013 2

Number of annual paid non-sick days a teacher can accrue in a school year 2012-2013 2

Maximum number of non-sick days a teacher can accumulate at any given time 2012-2013 2

Sick Bank

Do you have a sick "bank" 2012-2013  Yes  No

If yes, how many total days were/are allowed to be used in a school year 2012-2013? 0

[Back](#) [Save and Continue](#)

Part V

Salary/Compensation Model Increase

Did your corporation have an increase in 2012-2013 (salary, stipend or bonus)?  Yes  No

Salary (Total should equal 100% or 0% if none was paid)

Education and Experience 2012-2013 0.00 %

Evaluation 2012-2013 0.00 %

Academic Needs of Students 2012-2013 0.00 %

Instructional Leadership 2012-2013 0.00 %

Stipend (Total should equal 100% or 0% if none was paid)

Education and Experience 2012-2013 2.30 %

Evaluation 2012-2013 3.00 %

Academic Needs of Students 2012-2013 4.00 %

Instructional Leadership 2012-2013 90.70 %

Part <b>I</b> Complete	Part <b>II</b> Complete	Part <b>III</b> Complete	Part <b>IV</b> Complete	Part <b>V</b> Complete	Part <b>VI</b> Not Complete	Part <b>VII</b> Not Complete	Part <b>VIII</b> Not Complete
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**Part VI**

**Health Plans 2012-2013**

For 2012-2013 were you?:

- Self Insured  Fully Insured  Trust/Consortium

Do you provide health insurance plans for your employees?

- Yes  No

**1. Carrier Name:**

Selection Type	2012-2013 Annual Number of Enrollees	2012-2013 Annual Corporation Paid	2012-2013 Annual Employee Paid
Single	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Spouse or +1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Children	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HSA Plan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**2. Carrier Name:**

Selection Type	2012-2013 Annual Number of Enrollees	2012-2013 Annual Corporation Paid	2012-2013 Annual Employee Paid
Single	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Spouse or +1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Children	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HSA Plan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**3. Carrier Name:**

Selection Type	2012-2013 Annual Number of Enrollees	2012-2013 Annual Corporation Paid	2012-2013 Annual Employee Paid
Single	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Spouse or +1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Children	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HSA Plan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Part <b>I</b> Complete	Part <b>II</b> Complete	Part <b>III</b> Complete	Part <b>IV</b> Complete	Part <b>V</b> Complete	Part <b>VI</b> Entered	Part <b>VII</b> Entered	Part <b>VIII</b> Entered
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**Part VII**

**Dental Plans 2012-2013**

For 2012-2013 were you?:

- Self Insured  Fully Insured  Trust/Consortium

Do you provide dental insurance plans for your employees?

- Yes  No

Carrier Name:	<input type="text"/>		
Selection Type	2012-2013 Annual Number of Enrollees	2012-2013 Annual Corporation Paid	2012-2013 Annual Employee Paid
Single	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Spouse or +1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Children	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HSA Plan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Part <b>I</b> Complete	Part <b>II</b> Complete	Part <b>III</b> Complete	Part <b>IV</b> Complete	Part <b>V</b> Complete	Part <b>VI</b> Entered	Part <b>VII</b> Entered	Part <b>VIII</b> Entered
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**Part VIII**

**Vision Plans 2012-2013**

For 2012-2013 were you?:

- Self Insured
  Fully Insured
  Trust/Consortium

Do you provide vision insurance plans for your employees?

- Yes
  No

Enter information below for each plan you have. If you enter any information for a plan, you must complete all fields. If a field is not applicable, enter '0' (zero) for the value.

Carrier Name:	<input type="text"/>		
Selection Type	2012-2013 Annual Number of Enrollees	2012-2013 Annual Corporation Paid	2012-2013 Annual Employee Paid
Single	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Spouse or +1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Member/Children	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HSA Plan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>