

Dublin City School District Board of Education

And the Dublin Support Association OEA/NEA

**Memorandum of Understanding**

**Concerning 10-Hour Work Week for Twelve-Month Employees**

The Board of Education of the Dublin City School District ("the Board") and the Dublin Support Association OEA/NEA ("the DSA") do hereby agree to a modified work week for twelve-month employees, as set forth herein.

For the period of June 17, 2013 through July 25, 2013, the regular work week for twelve-month employees shall be forty (40) hours per week, consisting of four (4), 10-hour days, Monday through Thursday for each of the six (6) weeks.

For the twelve-month employees affected by this MOU who are entitled to holiday pay, the July 4<sup>th</sup> holiday in 2013 shall be paid at ten (10) hours.

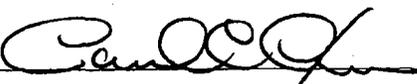
Sick leave shall continue to accrue pursuant to Article XIII, Section 11, but for the duration of the 10-hour day period, shall be charged and paid according to the hours of sick leave taken (e.g., one day of sick leave shall be charged and paid at the rate of 10 hours; partial days at a pro rata part of 10 hours). Similarly, vacation will continue to accrue pursuant to Article XXIII, Section 6, and vacation days taken during the 10-hour day period shall be charged and paid at 10 hours for each day taken (or a pro rated amount for a partial day taken). Finally, employees will continue to be entitled to the number of personal days set forth in Article XIII, Section 12, but shall be charged and paid personal leave at 10 hours for each day taken during the 10-hour work day period (or 5 hours for half days taken).

With regard to the paid lunch/breaks referenced in Article XXIII, Section 2.a. of the Negotiated Agreement, employees working four, 10-hour days per week shall be entitled to two (2) paid eighteen (18) minute breaks per workday instead of the two (2) paid fifteen (15) minute breaks.

All other provisions of the collective bargaining agreement not affected by this Memorandum of Understanding shall remain as written in the July 1, 2010 through June 30, 2014 Agreement.

This Memorandum of Understanding shall become effective upon its being signed on behalf of the parties as set forth below.

For the Board:



Date: 3/12/13

For the DSA:



Date: 3/12/13

**Contract Data Summary Sheet**

Employer Name: Dublin City School District Board of Education County: Franklin

BU: NT Union: Dublin Support Associa Local: \_\_\_\_\_

Start Date: 06 / 17 / 13 End Date: 07 / 25 / 13

*Memorandum of Understanding  
to contract effective 7/1/10 through 6/30/14*

<u>WAGE:</u>	<u>PAGE:</u>	<u>LONGEVITY</u>	<u>PAGE:</u>	<u>INSURANCE (cont.)</u>	<u>PAGE:</u>
Aft. Dif.: \$ ____/____%	_____	(Years) (Amt.) (%) (Type)	_____	Out-of-Pocket Max: \$ ____ \$ ____	_____
Eve. Dif.: \$ ____/____%	_____	_____	_____	Cover Buy-Out: \$ ____ \$ ____	_____
Rank. Dif. (Y) _____	_____	_____	_____	Traditional: (Y) _____	_____
Haz. Pay: ____/____%	_____	_____	_____	Managed Care: (Y) _____	_____
Retirement Pick-up: ____%	_____	_____	_____	Type: (Y) _____	_____
Cost Of Living Adjust. (Y) _____	_____	_____	_____	HMO: _____ Type: _____	_____
ED. Incent: (Y) _____	_____	_____	_____	PPO: _____	_____
Furlough: (Y) _____	_____	_____	_____	Self Funded: _____	_____
Ret. Incentive: (Y) _____	_____	_____	_____	Partial Self-Funded: _____	_____
Field Trip Rate: \$ _____	_____	_____	_____	Consortium: _____	_____
EMT Pay: \$ _____	_____	_____	_____	Liability: (Y) _____	_____
Type: _____	_____	_____	_____	Section 125: (Y) _____	_____
Paramedic Pay: \$ _____	_____	_____	_____	Enrollment Fee: \$ _____	_____
Type: _____	_____	_____	_____	Other: (Y) _____	_____
	_____	_____	_____	Prescriptions: (Y) _____	_____
	_____	_____	_____	Brand Name (Formulary) \$ _____	_____
	_____	_____	_____	Generic: \$ _____	_____
	_____	_____	_____	Dental: (Y) _____	_____
	_____	_____	_____	Optical: (Y) _____	_____
	_____	_____	_____	Life Ins. Amt.: \$ _____	_____
	_____	_____	_____	Accidental D and D: (Y) _____	_____
	_____	_____	_____	Health and Welfare: _____	_____
	_____	_____	_____	Cap Overage Formula: (Y) _____	_____
	_____	_____	_____	Health Care Committee: (Y) _____	_____
	_____	_____	_____	Coordination of Benefites: (Y) _____	_____
	_____	_____	_____	Major Medical: (Y) _____	_____
	_____	_____	_____	Comprehensive Major Medical: (Y) _____	_____

**PAID LEAVE:**

Holidays: _____	_____
Personal Days: _____	_____
Birthday: (Y) _____	_____
Injury Leave: ____/____	_____
Assault Leave: ____/____	_____
Union Leave: (Y) _____	_____
Holiday Pay: \$ _____	_____
Fatal Force: (Y) _____	_____

**SICK BEREAVEMENT LEAVE:**

Sick Days/Year: _____	_____
Max Sick: ____/____	_____
Attendance Bonus: (Y) _____	_____
Bank/Donated Time: (Y) _____	_____
Bereavement Leave: _____	_____
Sick: _____	_____
Funeral: _____	_____
Other: (Y) _____	_____

**INSURANCE: \***

	Single	Family
Employer Amount: \$ _____	\$ _____	\$ _____
Employee Amount: \$ _____	\$ _____	\$ _____
Employer %: _____	_____	_____
Employee %: _____	_____	_____
Employer Cap: (Y) _____	_____	_____
Employee Cap: (Y) _____	_____	_____
Ann. Deductible: \$ _____	\$ _____	\$ _____
Co-Payment %: _____	_____	_____

\*Please use another INSURANCE form if there are changes to insurance in each contract year.

**VACATION**

_____ Years _____ Days	_____

Hol/Voc Combo: \_\_\_\_\_

**HOURS OF WORK**

**PAGE:** \_\_\_\_\_

Comp Time Max: \_\_\_\_\_ Hrs \_\_\_\_\_  
Flex Time: (Y) \_\_\_\_\_  
Call In: (Y) \_\_\_\_\_ Hrs \_\_\_\_\_  
Court: (Y) \_\_\_\_\_ Hrs \_\_\_\_\_  
Stand By: (Y) \_\_\_\_\_  
Report In: (Y) \_\_\_\_\_ Hrs \_\_\_\_\_  
Paid Meal Time: \_\_\_\_\_ Min \_\_\_\_\_  
Paid Rest Break <sup>2</sup> / 18 Min 1 \_\_\_\_\_  
Overtime Cycle: \_\_\_\_\_ / \_\_\_\_\_

**SENIORITY AND ARBITRATION**

Prob. Period: \_\_\_\_\_  
Seniority Shift Preference: (Y) \_\_\_\_\_  
Recall Years: \_\_\_\_\_  
Union Officer Super Seniority (Y) \_\_\_\_\_  
Arb: (Y) \_\_\_\_\_  
Type: \_\_\_\_\_  
Cost (E/L/O): \_\_\_\_\_  
Mediation Step: (Y) \_\_\_\_\_

**OTHER**

Fairshare: (Y) \_\_\_\_\_  
Residency: (Y) \_\_\_\_\_  
Drug Test: (Y) \_\_\_\_\_  
Fitness Std.: (Y) \_\_\_\_\_  
Sub-Contract: (Y) \_\_\_\_\_  
Min Staff: (Y) \_\_\_\_\_  
Successor/Priv.: (Y) \_\_\_\_\_  
MAD: (Y) \_\_\_\_\_

**WAGE INCREASE ACROSS BOARD**

**PAGE:** \_\_\_\_\_

Date of Increase \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Percent: \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

Date of Increase \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Percent: \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

Date of Increase \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Percent: \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

Date of Increase \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Percent: \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

**BENCHMARKS PAGE: \_\_\_\_\_**

Job Title 12 Month Employees (6/17/13 through 7/25

Date	____/____/____	____/____/____	____/____/____	____/____/____
Entry	\$ _____	\$ _____	\$ _____	\$ _____
Top	\$ _____	\$ _____	\$ _____	\$ _____

Work Week: M - Th  
Hrs/Day: 10  
Days/Yr: \_\_\_\_\_  
# Steps: \_\_\_\_\_  
Step Yrs: \_\_\_\_\_

Job Title \_\_\_\_\_

Date	____/____/____	____/____/____	____/____/____	____/____/____
Entry	\$ _____	\$ _____	\$ _____	\$ _____
Top	\$ _____	\$ _____	\$ _____	\$ _____

Work Week: \_\_\_\_\_  
Hrs/Day: \_\_\_\_\_  
Days/Yr: \_\_\_\_\_  
# Steps: \_\_\_\_\_  
Step Yrs: \_\_\_\_\_

Job Title \_\_\_\_\_

Date	____/____/____	____/____/____	____/____/____	____/____/____
Entry	\$ _____	\$ _____	\$ _____	\$ _____
Top	\$ _____	\$ _____	\$ _____	\$ _____

Work Week: \_\_\_\_\_  
Hrs/Day: \_\_\_\_\_  
Days/Yr: \_\_\_\_\_  
# Steps: \_\_\_\_\_  
Step Yrs: \_\_\_\_\_

Job Title \_\_\_\_\_

Date	____/____/____	____/____/____	____/____/____	____/____/____
Entry	\$ _____	\$ _____	\$ _____	\$ _____
Top	\$ _____	\$ _____	\$ _____	\$ _____

Work Week: \_\_\_\_\_  
Hrs/Day: \_\_\_\_\_  
Days/Yr: \_\_\_\_\_  
# Steps: \_\_\_\_\_  
Step Yrs: \_\_\_\_\_

Job Title \_\_\_\_\_

Date	____/____/____	____/____/____	____/____/____	____/____/____
Entry	\$ _____	\$ _____	\$ _____	\$ _____
Top	\$ _____	\$ _____	\$ _____	\$ _____

Work Week: \_\_\_\_\_  
Hrs/Day: \_\_\_\_\_  
Days/Yr: \_\_\_\_\_  
# Steps: \_\_\_\_\_  
Step Yrs: \_\_\_\_\_