12-MED-02-0161

Please fill in Blanks where appropriate. INDICATE Y/N for yes or no. Put in PAGE NUMBER WHERE EACH PROVISION IS FOUND.

EE 1788
K 28627

Employer Name Franklin School LO COUNTY

BU NT Union USWA Local 5850 Start Date 7/1/12 End Date 6/30/15

LONGEVITY PAGE ____

WAGE		***PAGE***
Afternoon Dif.	$25¢ or ___.___%	43
Evening Dif.	$40¢ or ___.___%	
Rank Dif. (Y/N)		
Hazard Pay	$___.___ / ___	
Retire Pick Up	___.___%	
COLA (Y/N)		
Ed. Incent (Y/N)		
Merit Pay (Y/N)		
Ret. Incent (Y/N)		
Field Trip Rate		
EMT Pay $___ Type ___		
Paramedic Pay $___ Type___		

ALLOWANCES

Uniform Provided (P/V/N)	
Cleaning Provided (P/N) $___	
Tools Provided (P/N) $___	
Shoes $___	
Firearm Prof $___ freq___	
Mileage- IRS rate (Y/N) $.___	
CDL (Y/N)	
Certification/ Licensure (Y/N)	
Parking (Y/N)	
Lodging (Y/N)	
Meals (Y/N)	
Tuition (Y/N)	

VACATION ***PAGE***____

1 Years 10 Days
10 Years 15 Days
20 Years 20 Days
___ Years ___ Days
___ Years ___ Days
___ Years ___ Days
___ Years ___ Days
___ Years ___ Days

Combine ***HOL/VAC*** (Y/N)_____

___ Yrs $ ___ or ___ %/___
___ Yrs $ ___ or ___ %/___
___ Yrs $ ___ or ___ %/___
___ Yrs $ ___ or ___ %/___
___ Yrs $ ___ or ___ %/___
___ Yrs $ ___ or ___ %/___

PAID LEAVE		***PAGE***
Holidays	8	
PTO Days (Y/N)		
Personal Days	3	38
Birthday (Y/N)		
Injury Leave (Y/N) ___ / ___		
Assault Leave (Y/N) or # ___		
Union Leave (Y/N)		
Holiday Pay		
Fatal Force (Y/N)		

SICK LEAVE & BEREAVEMENT

Days Per Year	15	33
Maximum Accumulation	225	34
Attendance Bonus (Y/N)		
Bank/Donated Time (Y/N)		

Bereavement ***PAGE*** 34

Sick 5
Funeral ___
Other (Y/N) ___

Please use other INSURANCE form if there are changes in each contract year.

INSURANCE ***PAGE***____

	Single	Family
Employer Amt	$___.	$___
Employee Amt	$___.	$___
Employer Percent	___%	___%
Employee Percent	___%	___%
Employer Cap (Y/N)		
Employee Cap (Y/N)		

Annual Deductible	$___.	$___.
Co-Payment Pct	___%	___.%
Out-Pocket Max	$___	$___
Cover Buy Out	$___	$___
Traditional		
Managed Care (Y/N)		
HMO	(Y/N)	
PPO	(Y/N)	
Self Funded	(Y/N)	
Partial Self funded	(Y/N)	
Consortium	(Y/N)	
Liability		
Section 125		
Enroll Fee		
HRA	(Y/N)	
HSA	(Y/N)	
Other	(Y/N)	

Prescriptions (Y/N) y

	Retail	Mail	%
Brand Name			
(Formulary) $___			
(Non Form) $___			
Generic $___			
Dental	y		
Optical	y		
Life Insr - Amt	$		
Life Insr - % Sal	___%		
Accident D&D	(Y/N)		
Health/Welfare	(Y/N)		
Cap Overage Formula	(Y/N)		
Health Care Committee	(Y/N)		
Coord of Benefits	(Y/N)		
Major Med.	(Y/N)	y	
Comprehensive Major Med	(Y/N)	y	
Wellness Provision	(Y/N)		

E 1788
K 28627

Source Document

Employer Name Franklin Co Schools County _____

BU _____ Union _____ Local _____ Start Date ___/___/___ End Date ___/___/___

HOURS OF WORK		PAGE
Comp Time Max 160 Hrs		28
Flex Time (Y/N)		
Call In (Y/N) Y 2. Hrs AR		43
Court (Y/N)	. Hrs	
Stand By (Y/N)		
Report In (Y/N)	. Hrs	
Meal Time . Min		
Rest Break . / . Min.		
Overtime Cycle 40 / 7 .		

SENIORITY AND ARBITRATION		
Prob. Period	60 WD	22
Shift (Y/N)		
Recall Years	2.	27
Super Senority (Y/N)		
Arb (Y/N)	Y	20
Cost (E/L/O)	Y	
Type		
Mediation Step(Y/N)		
Interm Bargaining (Y/N)		
Interest Based Bargaining (Y/N)		

OTHER		
Fairshare (Y/N)	Y	pg 13
Residency (Y/N)		pg
Drug Test (Y/N)	Y	pg 47
Fitness Std. (Y/N)		pg
Sub-Contract (Y/N)		pg
Moonlighting (Y/N)		pg
Past Practice (Y/N)		pg
Min Staff (Y/N)		pg
Light Duty (Y/N)		pg
Suc./Priv. (Y/N)		pg
MAD (Y/N)		pg

WAGE INCREASE ACROSS BOARD ___ **PG** ___

Date of Increase 7 / 1 / 12

Percent 2 % 2.14

Hourly $_____

Annual $_____

Lump Sum $_____

Comments

Date of Increase 7 / 1 / 12

Percent 0 %

Hourly $_____

Annual $_____

Lump Sum $_____

Comments

Date of Increase 7 / 1 / 14

Percent 0 %

Hourly $_____

Annual $_____

Lump Sum $_____

Comments

Date of Increase ___/___/___

Percent _____ %

Hourly $_____

Annual $_____

Lump Sum $_____

Comments _____

SR 1788
K 28627

PAGE

Job Title High School Secretary

Date 7/1/12-14 ___/___/___

Entry $ 13.84 ___ $ ___ ___

Top $ 16.13 ___ $ ___ ___

Job Title Mechanic

7/1/12-14 ___/___/___ Wk Wk 40

Hrs/Day 8

$ ~~16.67~~ ___ $ ___ ___ #Steps 223

8

$ ___ ___ $ ___ ___ StpYrs 15

Job Title Teacher's Aide

Date 7/1/12-14 ___/___/___

Entry $ 12.36 ___ $ 35 7 8/15 ___

Top $ 13.90 ___ $ 190 ___

Job Title Cook/Cashier = 10/2/8/15

30/6/190/8/15

___/___/___ ___/___/___ Wk Wk 35

Hrs/Day 7

$ 11.83 ___ $ ___ ___ #Steps 190

8

$ 13.30 ___ $ ___ ___ StpYrs 15

Job Title Custodian

Date 7/1/12-14 ___/___/___

Entry $ 13.18 ___ $ ___ ___

Top $ 15.92 ___ $ ___ ___

Job Title Head Cook

7/1/12-14 35 / ___ Wk Wk 40

7 8/15 Hrs/Day 8/260

$ 12.64 ___ $ 190 ___ #Steps 8

$ 14.63 ___ $ ___ ___ StpYrs 15

Job Title (3) Head Maintenance/Mech

Date 7/1/12-14 ___/___/___ ___/___/___ ___/___/___ Wk Wk ___

Hrs/Day ___

Entry $ 16.67 ___ 40 8 $ ___ ___ $ ___ ___ $ ___ ___ #Steps ___

Top $ 20.10 ___ 260 8/15 $ ___ ___ $ ___ ___ $ ___ ___ StpYrs ___

Job Title Bus Driver

Date 7/1/12-14 ___/___/___ ___/___/___ ___/___/___ Wk Wk ___

Hrs/Day ___

Entry $ 16.24 ___ 25/5 $ ___ ___ $ ___ ___ $ ___ ___ #Steps ___

Top $ 18.76 ___ 190 8/15 $ ___ ___ $ ___ ___ $ ___ ___ StpYrs ___