

**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, through their duly empowered representatives who are signatories below, to a modified work week for twelve-month employees, as set forth herein.

For the period of June 11, 2012 through July 26, 2012, 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 seven (7) weeks.

For the twelve-month employees affected by this MOU who are entitled to holiday pay, the July 4th holiday in 2012 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 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, 2013 Agreement.

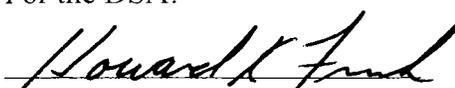
This Memorandum of Understanding shall become effective upon its being signed on behalf of the parties as set forth below.

For the Board:



Date: 3/6/12

For the DSA:



Date: 3/6/12

Contract Data Summary Sheet

Employer Name: Dublin City School District Bedford, County: Franklin

BU: NT Union: OEA Local: DSA

Start Date: 7/1/2010 End Date: 6/30/2013

<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): _____	
Ret. Pick-up: _____ %	_____	_____	_____	Type (Y): _____	
COLA: (Y) _____	_____	_____	_____	HMO _____	
Ed. Incent: (Y) _____	_____	_____	_____	PPO _____	
Furlough: (Y) _____	_____	_____	_____	Self-Funded _____	
Ret. Incentive: (Y) _____	_____	_____	_____	Partial Self-Funded _____	
Field Trip Rate: \$ _____	_____	_____	_____	Consortium _____	
EMT Pay: _____	_____	<u>PAID LEAVE</u>		Liability (Y): _____	
Type: _____	_____	Holidays: _____	_____	Section 125: (Y) _____ Type: _____	
Paramedic Pay: _____	_____	Personal Days: _____	_____	Enrollment Fee: \$ _____	
Type: _____	_____	Birthday: (Y) _____	_____	Other: (Y) _____	
<u>ALLOWANCES:</u>		Injury Leave: ____ / ____	_____	Prescriptions: (Y) _____	
Uniform(P/V): _____	_____	Assault Leave: ____ / ____	_____	Brand Name (Formulary) \$ _____	
Amt: _____	_____	Union Leave (Y) _____	_____	Generic: \$ _____	
Cleaning: (P) _____	_____	Holiday Pay: _____	_____	Dental: (Y) _____	
Amt: _____	_____	Fatal Force: (Y) _____	_____	Optical: (Y) _____	
Tools: (Y) _____	_____	<u>SICK & BEREAVEMENT LEAVE</u>		Life Ins. Amt.: \$ _____	
Amt: _____	_____	Sick Days/Year: _____	_____	Life Ins. Salary %: _____	
Shoes: \$ _____	_____	Max Sick: ____ / ____	_____	Accidental D&D: (Y) _____	
Mileage: (IRS Rate)	_____	Attendance Bonus: (Y) _____	_____	Health & Welfare: (Y) _____	
Other: _____	_____	Bank/Donated Time: (Y) _____	_____	Cap Overage Formula: (Y) _____	
Firearm Prof.: _____	_____	Bereavement Leave:	_____	Health Care Committee: (Y) _____	
Freq: _____	_____	Sick: _____	_____	Coordination of Benefits: (Y) _____	
Parking: (Y) _____	_____	Funeral: _____	_____	Major Medical: (Y) _____	
Tuition: (Y) _____	_____	Other: (Y) _____	_____	Comprehensive Major Medical: (Y) _____	
<u>VACATION:</u>		<u>INSURANCE*</u>			
____ Years ____ Days		<u>Single</u>	<u>Family</u>		
____ Years ____ Days		Employer Amt: \$ ____	\$ ____		
____ Years ____ Days		Employee Amt: \$ ____	\$ ____		
____ Years ____ Days		Employer %: _____	_____		
____ Years ____ Days		Employee %: _____	_____		
____ Years ____ Days		Employer Cap (Y): _____	_____		
____ Years ____ Days		Employee Cap (Y): _____	_____		
____ Years ____ Days		Ann. Deductible: \$ ____	\$ ____		
____ Years ____ Days		Co-Payment %: _____	_____		
Hol/Vac Combo: _____	_____				

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

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 _____
Meal Time: _____ Min _____
Rest Break: _____ / 2-18 Min. *for 10-hour work day* 47/MOU
Overtime Cycle: _____ / _____

WAGE INCREASE ACROSS BOARD

PAGE _____

Date of Increase ____/____/____

Percent _____ %
Hourly \$ _____
Annual \$ _____
Lump Sum \$ _____
Comments _____

Date of Increase ____/____/____

SENIORITY AND ARBITRATION

Prob. Period: _____
Shift: (Y) _____
Recall Years: _____
Super Seniority (Y) _____
Arb: (Y) _____
Type: _____
Cost (E/L/O): _____
Mediation Step:(Y) _____

Percent _____ %
Hourly \$ _____
Annual \$ _____
Lump Sum \$ _____
Comments _____
Date of Increase ____/____/____

OTHER

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

Percent _____ %
Hourly \$ _____
Annual \$ _____
Lump Sum \$ _____
Comments _____
Date of Increase ____/____/____

Percent _____ %
Hourly \$ _____
Annual \$ _____
Lump Sum \$ _____
Comments _____

BENCHMARKS

PAGE: _____

Job Title _____

Date ____/____/____ ____/____/____ ____/____/____ ____/____/____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Days/Yr: _____

Steps: _____

Top \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Step Yrs: _____

Job Title _____

Date ____/____/____ ____/____/____ ____/____/____ ____/____/____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Days/Yr: _____

Steps: _____

Top \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Step Yrs: _____

Job Title _____

Date ____/____/____ ____/____/____ ____/____/____ ____/____/____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Days/Yr: _____

Steps: _____

Top \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Step Yrs: _____

Job Title _____

Date ____/____/____ ____/____/____ ____/____/____ ____/____/____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Days/Yr: _____

Steps: _____

Top \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Step Yrs: _____

Job Title _____

Date ____/____/____ ____/____/____ ____/____/____ ____/____/____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Days/Yr: _____

Steps: _____

Top \$ _____ . ____ \$ _____ . ____ \$ _____ . ____ \$ _____ . ____

Step Yrs: _____