

1989-90 School Year

ST. CLAIR COUNTY ISD

PROGRAM ASSISTANTS  
HEALTH CARE ASSISTANTS  
COOK

SALARY SCHEDULE

1989-90 - PROGRAM & HEALTH CARE ASSISTANTS (6.5 HOURS PER DAY)  
188 DAYS (185 DAYS + 3 PD HOLIDAYS)  
1222.00 HOUR

	ANNUAL	BI-WEEKLY 21 PAYS	26 PAYS	DAILY	HOURLY
STEP I	7,002.06	333.43	269.31	37.25	5.73
STEP II	7,686.38	366.02	295.63	40.89	6.29

PROGRAM ASSISTANT (5.00 HOURS PER DAY)  
188 DAYS (185 DAYS + 3 PD HOLIDAYS)  
940.00 HOURS

	ANNUAL	BI-WEEKLY 21 PAYS	26 PAYS	DAILY	HOURLY
STEP I	5,386.20	256.49	207.16	28.65	5.73
STEP II	5,912.60	281.55	227.41	31.45	6.29

COOK (5.50 HOURS PER DAY)  
188 DAYS (185 DAYS + 3 PD HOLIDAYS)  
1,034.00

	ANNUAL	BI-WEEK;Y 21 PAYS	26 PAYS	DAILY	HOURLY
STEP I	6,658.96	317.09	256.11	35.42	6.44
STEP II	7,331.06	349.10	281.96	39.00	7.09

8-03-89

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PERSONNEL OFFICE  
11/01/89

St. Clair County Intermediate School District

1989/92

GROUP II - PROGRAM ASSISTANTS

1. Three (3) paid holidays: Thanksgiving, Christmas and Easter Monday.
  2. Sick leave shall accrue at the rate of 1-1/2 days per month of active employment and may accumulate up to 200 days.
  3. Two (2) Board paid personal business days, non-cumulative, per school year are permitted for activities that cannot otherwise be scheduled outside of work hours.
  4. Board paid snow days or Act of God days.
  5. Bereavement leave is permitted for a death in the immediate family up to a maximum of five days per incident without payroll deduction or sick leave charge.
  6. Board paid retirement - 5% of gross wages.
  7. Upon retirement or death, under the Michigan School Employees Retirement Program, employees shall be paid for all accumulated sick leave at their then current rate of pay not to exceed \$1300 for 1989/90; \$1500 for 1990/91; \$1700 for 1991/92.
  8. An employee shall be released for jury duty without leave charge or payroll deduction. However, any fee received for such jury duty shall be endorsed and delivered to the ISD Business Office.
  9. Board paid self, spouse or full family MESSA/Blue Super Care I health insurance effective immediately upon hire. Maximum Board payment shall be the cost determined by the carrier for each contract year through June 30, 1992 only.
- If you do not sign up within 31 days, you must wait until the next annual open enrollment period in the fall.
10. In addition to the above MESSA/Blue Super Care I health insurance, Board paid term life insurance in amount of \$30,000 effective immediately upon hire.
  11. If not participating in MESSA/Blue Super Care I health insurance program, Board paid term life insurance in amount of \$40,000. If you do not sign up within 31 days, you will be required to furnish proof of insurability.

Additional term life insurance in amount of \$10,000 may be purchased through payroll deduction.

*St. Clair County Intermediate School District*

GROUP II - PROGRAM ASSISTANTS

12. The Board will provide an allowance for investment in a tax sheltered annuity for employees not selecting health insurance. The amount of this allowance shall be as follows:

1989/90	-	\$60 per month
1990/91	-	\$65 per month
1991/92	-	\$70 per month

13. Board paid self, spouse or full family Delta Dental coverage effective first day of next month following the month in which employee is hired, as follows: 80/80/60 Plan which includes an adult ortho rider.

Class I Benefits - Basic Dental Services - Plan pays 80%  
(Includes exams, radiographs, consultations, preventive treatment, fillings, crowns, jackets, oral surgery, etc.)

Class II Benefits - Prosthodontic Services - Plan pays 80%  
(Includes bridges, partial and complete dentures, etc.)

Class III Benefits - Orthodontic Dental Services - Plan pays 60% with a lifetime maximum of \$600.00 per family member.  
(Includes necessary treatment and procedures required for correction of malposed teeth.)

Maximum Board payment shall be the cost determined by the carrier for each contract year.

If you do not sign up within 31 days, you may be required to furnish proof of insurability.

14. Upon hire, employee is eligible for paid self, spouse or full family MESSA VSP-A vision insurance coverage as follows:

One exam, one pair of frames, one pair of lenses or one pair of contact lenses provided per family member in a contract year. If you do not sign up within 31 days, you may be required to furnish proof of insurability.

**PLEASE NOTE:** Spouses and newborns must be added to MESSA Health, MESSA vision and Delta dental insurance within 31 days. All necessary forms are available in the Personnel Office.

15. After one (1) full day of employment, employee is eligible for Board paid long term disability insurance coverage subject to the carrier's exclusion, limitation and reduction as follows:

1. 120 day waiting period of continued unemployment due to illness or injury

GROUP II - PROGRAM ASSISTANTS

2. 66-2/3% of income
  3. Maximum of \$1000 monthly on salary of \$1500 monthly
  4. Maternity coverage
  5. Pre-existing condition waived
  6. Social Security freeze
  7. Alcoholism/drugs waived - 2 year limit
  8. Mental/nervous waived - 2 year limit
  9. Two year own occupation coverage
16. Any of the following MESSA options may be selected through payroll deduction:
1. Group Basic Term Life Insurance
  2. Short Term Disability Insurance
  3. Long Term Disability Insurance
  4. Supplemental Term Life Insurance
  5. Survivor Income Insurance
  6. Dependent Life Insurance

PLEASE NOTE: The carrier of all insurance coverages is determined by the Board.