

CALENDAR YEAR EMPLOYEES

ACCOUNTING, BENEFITS, EXECUTIVE ASSISTANTS, CUSTODIANS, HEAD CUSTODIANS, MAINTENANCE, MECHANICS, HELP DESK / SYSTEM SUPPORTS, AND 12-MONTH ADMINISTRATIVE ASSISTANTS

CALENDAR YEAR EMPLOYEES RATE OF PAY

| SCHOOL DISTRICT OF HOLMEN 2022-23 WAGE SCHEDULE (Following changes in Base Wage Rate) Non-Exempt (Hourly) Employees | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|---|--------------------------------------|------------------------------------|----------|----------------------------|--------------------|------------------------|---------|---------------------------------|------------------|---------------------|----------------------------|----------------------------------|--------------|-------------------|-------------------------------------|----------------|-------------|
| (1) | Office | Cla | ge Rate fo ssificatio oyment S | ons with Starting / | Continuo | ous 80/12 | | | Nutri | ition Se | rvices | | Drivers | | | CUST | MAINT | ТЕСН | |
| Step Placement (Awarded Annual on July 1) | Administrative Assistants \$ | Business, Benefits & Payroll Specialist \$ | Ed Assist \$ | EEN, Health, & LMC Ed Assist \$ | COTA \$ | Hrng Imprd Ed Assist \$ | Trans Ed Assist \$ | Executive Assistant \$ | Cook \$ | Cook Step 4 grandfathered \$ | Team Leader I \$ | Bus Driver (CDL) \$ | Van Driver (Non-CDL) \$ | Extra Trips & Non- Driving \$ | Custodian \$ | Head Custodian \$ | Help Desk and Systems Support \$ | Maintenance \$ | Mechanic \$ |
| 0 | \$20.18 | \$23.60 | \$17.82 | \$18.19 | \$24.98 | \$32.86 | \$19.19 | | \$17.46 | \$17.02 | \$19.61 | \$24.23 | \$18.79 | \$14.46 | \$19.47 | \$21.07 | \$25.65 | \$21.32 | \$23.94 |

LEAVE TIME

| Number of Fiscal Years Worked | Vacation Days Allocated |
|------------------------------------|----------------------------|
| Initial Year of Hire | Pro-rated up to 10 days |
| First-Third Full Years | 10 days |
| Fourth-Ninth Full Years | 12 days |
| Tenth-Twelfth Full Years | 17 days |
| Thirteenth Full Year and Beyond | 20 days |

Employees in their first year of service receive a pro-rated allocation of paid leave based upon the number of months worked between their hire date and the following July 1.

- VACATION DAYS The total annual allocation in the first three full years may not exceed ten (10) days.
- SICK LEAVE Each employee shall be annually allocated one (1) day of paid leave per month of employment to a maximum of twelve (12) days per fiscal year.
- **PERSONAL DAYS** The total annual allocation shall not exceed two (2) days of personal leave each fiscal year.

| Holiday | Full Calendar Year Employees (non- drivers) |
|---|---|
| Fourth of July | X |
| Labor Day | X |
| Thanksgiving Day | X |
| Day After Thanksgiving | X |
| Christmas Eve | X |
| Christmas Day | X |
| New Year's Eve Day | X |
| New Year's Day | X |
| Memorial Day | X |
| Spring Holiday as Designated by the DA | X |
| Spring Holiday as Designated by the DA | X |

HOLIDAY PAY

A paid holiday is a day off with pay for the number of hours the employee normally works. Paid holidays will be provided to full-time and part-time employees according to this schedule.

BENEFITS



WHO IS ELIGIBLE?

Employees with the School District of Holmen are eligible to enroll in the benefits outlined based on individual contract or the number of hours worked per week per benefit plan. In addition, your dependents (spouse, domestic partner, natural or adopted children, grandchildren or child for whom you have legal guardianship) may be eligible for these benefits.

| Benefits | Carrier | Who Contributes | Premium Tax Treatment | |
|--|--|--------------------------|--------------------------|--|
| Health Insurance | WCA Group Health Trust | Both SDH and Employee | Pre-tax | |
| Health Savings Account (HSA) | Altra Federal Credit Union | Both SDH and Employee | Pre-tax | |
| Flexible Spending Account (FSA) | Employee Benefits Corporation (EBC) | Employee | Pre-tax | |
| Dental Insurance | Delta Dental | Both SDH and Employee | Pre-tax | |
| Voluntary Dental Insurance | Delta Dental | Employee | Pre-tax | |
| Employer Paid Life Insurance | KCL Life Insurance | SDH | N/A | |
| Voluntary Life and AD&D Insurance | KCL Life Insurance | Employee | Post-tax | |
| Voluntary Short- Term Disability Insurance | KCL Life Insurance | Employee | Post-tax | |
| Long-Term Disability Insurance | KCL Life Insurance | SDH | N/A | |
| Alternative Benefit Plan | N/A | SDH | N/A | |
| Voluntary Accident | Allstate | Employee | Pre-tax | |
| Voluntary Cancer | Allstate | Employee | Pre-tax | |
| Voluntary Critical Illness | Allstate | Employee | Pre-tax | |

HEALTH INSURANCE WCA

ALTERNATE BENEFIT PLAN (ABP)

| Insurance Plan | Fliaibility Require | | Employer Paid Portion | Must be eligible for health insurance, family (lowest cost) to elect the ABP in lieu of health insurance | | | | |
|--------------------------------|--|----------------|--------------------------|--|---|---------------------------------------|--|--|
| Plan – Single | 750+ Hours (Staff who work 4-5 hours daily) District pays 85% of lowest cost plan | \$59.10/check | \$334.90/check | S | Contact the School Distric ervices Office for details or the Maximum Level we | on how to annually qualify | | |
| Plan - Family | 1350 to 1949 Hours (Staff who work 5.5-7 hours daily) District pays 70% of family lowest cost plan (or 59.5%) | \$360.86/check | \$530.15/check | | Insurance Plan aximum Level: arting participation on or | ABP Annual Amount \$4,200 Annually | | |
| Plan – Family (Lowest Cost) | 1950+ Hours (Staff who work 7.5-8 hours daily) District pays 85% of lowest cost plan | \$133.65/check | \$757.35/check | a B St | fter 7.1.12 ase Level: arting participation on or fter 7.1.12 | \$2,100 Annually | | |

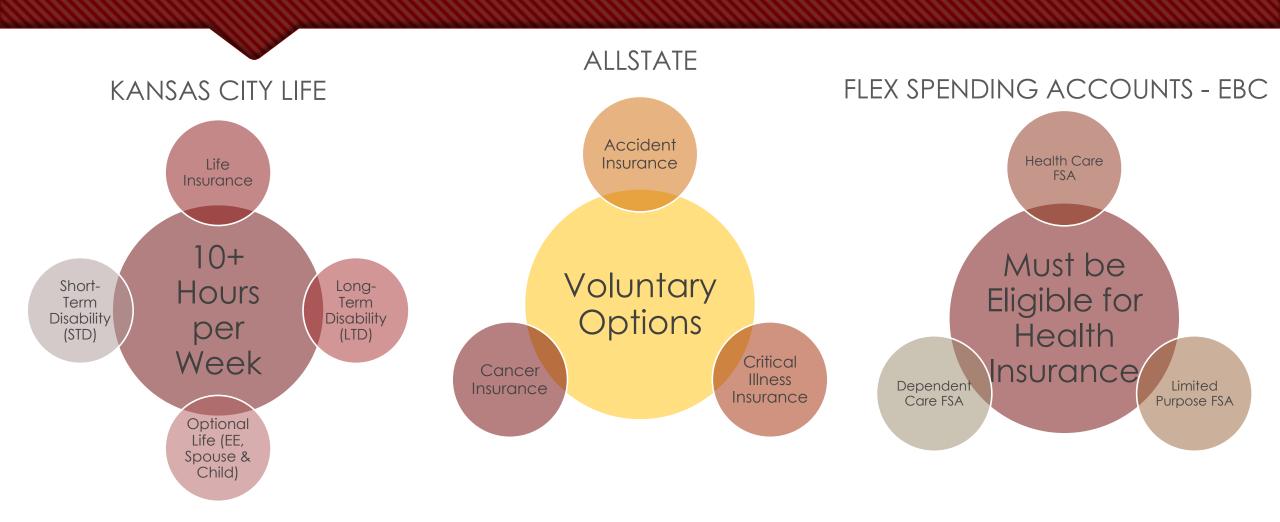
DENTAL INSURANCE – DELTA DENTAL

DENTAL INSURANCE - DELTA

VOLUNTARY DENTAL INSURANCE - DELTA

| Insurance Type | Hourly Eligibility Requirements | Employee Required Deduction | Employer Paid Portion | Insurance Type | Hourly Eligibility Requirements | Employee Required Deduction |
|-------------------|--|-----------------------------------|--------------------------|----------------------|---|--------------------------------|
| Single | 1520+ Hours (Staff who work 6-8 hours daily) | \$4.36/check | \$17.44/check | Voluntary Single | 750-1519 Hours (Staff who work 4- 5.5 hours daily) | \$21.80/check |
| Family | 1520+ Hours (Staff who work 6-8 hours daily) | \$11.37/check | \$45.48/check | Voluntary Family | 750-1519 Hours (Staff who work 4- 5.5 hours daily) | \$56.85/check |

HOURLY ELIGIBILITY REQUIREMENTS PER INSURANCE TYPE



QUESTIONS?

| Human Resources Executive Assistant | Benefits Specialist | Hourly Payroll Specialist | Salary Payroll Specialist |
|---|---------------------|---|------------------------------|
| •Sara Schott | • Amie Koxlien | Dawn Helfrich 526-6610 x1317 | • Jane McKinney |
| •526-6610 x1327 | • 526-6610 x1305 | | • 526-6610 x1316 |