

# SCHOOL YEAR EMPLOYEES

ALL EDUCATIONAL ASSISTANTS, BUS DRIVERS, VAN DRIVERS, NUTRITION SERVICES AND 10-MONTH ADMINISTRATIVE ASSISTANTS

## SCHOOL YEAR EMPLOYEES RATE OF PAY

SCHOOL DISTRICT OF HOLMEN  2022-23 WAGE SCHEDULE (Following changes in Base Wage Rate)  Non-Exempt (Hourly) Employees																			
		Cla	e Rate fo ssificatio byment S	ns with	Continuo	ous													
ent n July 1	Office	e Prof ⊗ .o			ationa		I	ω,	Nutri	tion Se	rvices		Drivers	<b>.</b>		CUST	MAINT	TECH	
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		\$17.82	\$18.19	\$24.98	\$32.86	\$19.19		\$17.46	\$17.02	\$19.61	\$24.23		\$14.46	\$19.47	\$21.07	\$25.65	\$21.32	\$23.94

## LEAVE TIME

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.

- o SICK LEAVE Each employee shall be annually allocated one (1) day of paid leave per month of employment to a maximum of nine (9) days per fiscal year.
- o **PERSONAL DAYS** The total annual allocation shall not exceed two (2) days of personal leave each fiscal year.

Holiday	School Year Employees (non- drivers)	Drivers, Co- Curricular & Substitutes			
Fourth of July					
Labor Day	X				
Thanksgiving Day	X				
Day After Thanksgiving					
Christmas Eve					
Christmas Day	X				
New Year's Eve Day					
New Year's Day	X				
Memorial Day	<b>X*</b>				
Spring Holiday as Designated by the DA	X				
Spring Holiday as Designated by the DA					

### HOLIDAY PAY

 \*Only considered a holiday if the school year extends beyond this date.

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.

School Year Hourly Support Staff: (eligibility based on annual hours)

Benefits	Carrier	Who Contributes	Premium Tax Treatment		
Health Insurance	WCA Group Health Trust	Both SDH and Employee	Pre-tax		
Health Savings Account ( <b>HSA</b> )	Altra Federal Credit Union	Both SDH and Employee	Pre-tax		
Flexible Spending Account <b>(FSA)</b>	Employee Benefits Corporation (EBC)	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		
Voluntary Accident	Allstate	Employee	Pre-tax		
Voluntary Cancer	Allstate	Employee	Pre-tax		
Voluntary Critical Illness	Allstate	Employee	Pre-tax		

## HEALTH INSURANCE – WCA

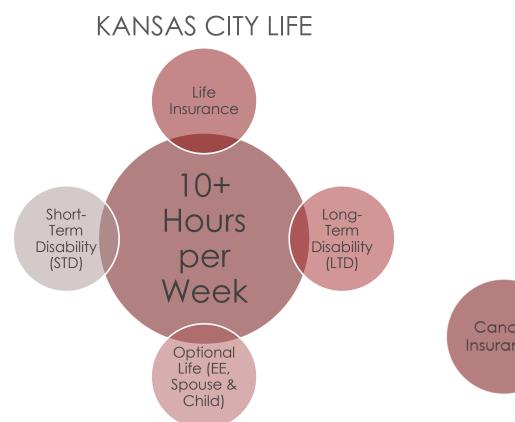
Insurance Plan	Hourly Eligibility Requirements	Employee Required Deduction	Employer Paid Portion	Pre-Paid Required Summer Deduction
Plan – Single	750+ Hours (Staff who work 4.5-7.25 hours daily) District pays 85% of lowest cost plan	\$59.10/check	\$334.90/check	\$11.82/check (amount may be pro-rated depending upon hire date)
Plan - Family	1350 to 1949 Hours (Staff who work 7.5-8 hours daily) District pays 70% of family lowest cost plan (or 59.5%)	\$360.86/check	\$530.15/check	\$72.17/check (amount may be pro-rated depending upon hire date)

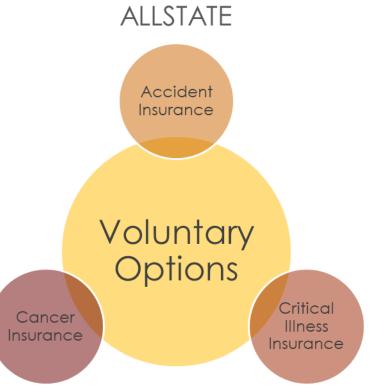
## DENTAL INSURANCE – DELTA DENTAL

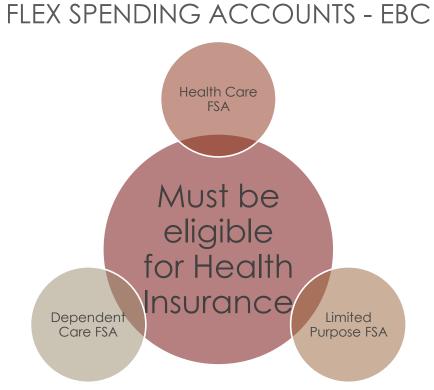
#### **VOLUNTARY DENTAL INSURANCE - DELTA**

Insurance Type	Hourly Eligibility Requirements	Employee Required Deduction	Pre-Paid Required Summer Deduction
Voluntary Single	750-1519 Hours (Staff who work 4.5-8 hours daily)	\$21.80/check	\$4.36/check (amount may be pro- rated depending upon hire date)
Voluntary Family	750-1519 Hours (Staff who work 4.58 hours daily)	\$56.85/check	\$11.37/check (amount may be pro- rated depending upon hire date)

## HOURLY ELIGIBILITY REQUIREMENTS PER INSURANCE TYPE







## **QUESTIONS?**

#### Human Resources Executive Assistant

- •Sara Schott
- •526-6610 x1327

#### Benefits Specialist

- Amie Koxlien
- 526-6610 x1305

## Hourly Payroll Specialist

- Dawn Helfrich
- •526-6610 x1317

#### Salary Payroll Specialist

- Jane McKinney
- •526-6610 x1316