

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Green Township School District

Name: Dr. Lydia E. Furnari

District Grade Span: K-8

On Roll Students as of 10-15 of the prior year: 412

	Year 1	Year 2
Contract Term: July 1, 2020 - January 8, 2021	2020-21	2021-22
<u>Salary</u>		
Base Salary (\$623/diem x 144 days)	\$ 89,712	\$ -
Shared Service	\$ -	\$ -
Longevity	\$ -	\$ -
Annual Salary	\$ 89,712	\$ -
TOTAL ANNUAL SALARY	\$ 89,712	\$ -
<u>Additional Salary</u>		
Quantitative Merit Goals	\$ -	\$ -
Qualitative Merit Goals	\$ -	\$ -
Additional Compensation - Describe:		
Total Additional Salary	\$ -	\$ -
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	\$ 89,712	\$ -
<u>Total Premiums for:</u>		
Health Insurance	\$ -	\$ -
Prescription Insurance	\$ -	\$ -
Dental Insurance	\$ -	\$ -
Vision Insurance	\$ -	\$ -
Disability Insurance	\$ -	\$ -
Other Insurance - Describe:	\$ -	\$ -
Waiver of Benefits	\$ -	\$ -
Total Cost of Premiums	\$ -	\$ -
Employee Contribution to Premiums as Per Law	\$ -	\$ -
TOTAL HEALTH BENEFITS COMPENSATION	\$ -	\$ -
<u>Other Compensation</u>		
Travel and Expense Reimbursement (Estimated Annual Cost)	\$ 750	\$ -
Professional Development (Capped Amount or Estimated Annual Cost)	\$ 750	\$ -
Tuition Reimbursement	\$ -	\$ -
Mentoring Expenses - Describe:	\$ -	\$ -
National/State/County/Local/Other Dues	\$ 1,250	\$ -
Subscriptions	\$ -	\$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	\$ 1,000	\$ -
Computer for Home use, including supplies, maintenance, internet	\$ -	\$ -
Other - Describe:	\$ -	\$ -
TOTAL OTHER COMPENSATION	\$ 3,750	\$ -
<u>Sick and Vacation Compensation</u>		

Max Paid for Unused Sick Leave Upon Retirement		
Max Paid for Unused Vacation Leave - Retirement or Separation		
Total Sick and Vacation Compensation	\$ -	\$ -
TOTAL CONTRACT COSTS	\$ 93,462	\$ -

[illegible]

\$ -	\$ -	
\$ -	\$ -	