

AGENCY NAME: DEHESA ELEMENTARY (3768049)

- Percentage of regular salary schedule change for 2022-23: 0%
- One-time or "Off the Schedule" Across the Board Bonus: 10.00%
- Any Contingency Language in your Collective Bargaining Agreement that could Retroactively Increase/Decrease your 2022-23 Teachers Salary Schedule? (Yes/No): N
- Number of Scheduled/Required Service or Work Days for Returning Teachers: 185
- Number of Teacher Instructional Days: 181
- Does Your District's Salary Schedule Include Health & Welfare Benefits Amounts? N
- Effective Date of the 2022-23 Certificated Salary Schedule: 07/01/2021
- Highest Entry Level Step for an Experienced Teacher: Step 11 Column 6
- Highest Entry Level Step for an Emergency / Credential Teacher: Step 1 Column 6
- Number of FTEs with an Emergency or Intern Credential: 0
- Summer School Classroom Teacher Pay Rate:
 - Hourly \$0 Daily \$0 Session \$0
 - Summer School Teacher Pay Rate Explanation:

- Number of Charter School FTE included on the Salary Schedule: N/A

- Other Professionals Paid from the Same Salary Schedule:
 - Counselor N Psychologist N Nurse N Librarian N

- Certificated Bargaining Unit Salary Enhancements:

	% or Amount	FTE
Masters Degree	0	0
Doctorate Degree	0	0
Special Education Assignment	0	0
Bilingual Assignment	0	0
CLAD Certificate	0	0
BCLAD Certificate	0	0
National Teacher Certification	0	0

- Do these bonuses increase automatically as across-the-board increases are applied to the salary schedule?: N

- Other Salary and Service Day Information:

	Salary	Days
Elementary School Principals	\$115,288	207
Middle School Principals	0	0
High School Principals	0	0
Superintendent	\$185,812	245
Percent for less than full-time Superintendent:		0%

- Name of the agency if the district purchases health plans through a joint powers authority or trust:
 - VEBA
- Age or Number of Years a Retiree Receives Health and Welfare Benefits: 65 years of age
- Retires with any Health and Welfare Benefits Provided for Life? (Yes/No): N
- Health and Welfare Benefit Maximums for Active FTEs:
 - Maximum Contribution for a Cafeteria Plan 0
 - Maximum Contribution for a Employee Only Plan 10,500
 - Maximum Contribution for a Two-Party Plan 0
 - Maximum Contribution for a Three-Party Plan 0
 - Maximum Contribution for a Family Plan 0
 - Indicate whether the Health and Welfare Benefit Maximums are Hard Caps or Soft Caps: HARD
- Date of latest actuarial study for its post-employment benefits: 6/30/2022
- Unfunded liability amount as reported in the study: 93,938

CERTIFICATED TEACHER SALARY SCHEDULE WITH PLACEMENT, 2022-23 (FORM J-90)

AGENCY CODE	AGENCY NAME	TOTAL SALARIES	TOTAL F.T.E.	AVERAGE SALARY FROM SALARY SCHEDULE
3768049	DEHESA ELEMENTARY	481,268	7.00	68,753

CLASS VI	CLASS VII	CLASS VIII	CLASS IX	CLASS X
BA+75+MA OR MA+30				

STEP	CLASS VI		CLASS VII		CLASS VIII		CLASS IX		CLASS X	
	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E
1	54,335	0.00	0	0.00	0	0.00	0	0.00	0	0.00
2	56,510	0.00	0	0.00	0	0.00	0	0.00	0	0.00
3	58,768	0.00	0	0.00	0	0.00	0	0.00	0	0.00
4	61,122	0.00	0	0.00	0	0.00	0	0.00	0	0.00
5	63,564	0.00	0	0.00	0	0.00	0	0.00	0	0.00
6	66,107	0.00	0	0.00	0	0.00	0	0.00	0	0.00
7	68,751	0.00	0	0.00	0	0.00	0	0.00	0	0.00
8	71,499	0.00	0	0.00	0	0.00	0	0.00	0	0.00
9	74,361	0.00	0	0.00	0	0.00	0	0.00	0	0.00
10	77,335	0.00	0	0.00	0	0.00	0	0.00	0	0.00
11	80,428	0.00	0	0.00	0	0.00	0	0.00	0	0.00
12	83,648	0.00	0	0.00	0	0.00	0	0.00	0	0.00
13	86,992	0.00	0	0.00	0	0.00	0	0.00	0	0.00
14	90,471	0.00	0	0.00	0	0.00	0	0.00	0	0.00
15	90,471	0.00	0	0.00	0	0.00	0	0.00	0	0.00
16	92,287	0.00	0	0.00	0	0.00	0	0.00	0	0.00
17	92,287	0.00	0	0.00	0	0.00	0	0.00	0	0.00
18	92,287	0.00	0	0.00	0	0.00	0	0.00	0	0.00
19	94,104	0.00	0	0.00	0	0.00	0	0.00	0	0.00
20	94,104	0.00	0	0.00	0	0.00	0	0.00	0	0.00
21	94,104	0.00	0	0.00	0	0.00	0	0.00	0	0.00
22	95,921	0.00	0	0.00	0	0.00	0	0.00	0	0.00
23	95,921	0.00	0	0.00	0	0.00	0	0.00	0	0.00
24	95,921	0.00	0	0.00	0	0.00	0	0.00	0	0.00
25	97,736	0.00	0	0.00	0	0.00	0	0.00	0	0.00
26	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
27	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
28	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
29	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
30	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
31	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
32	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
33	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
34	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
35	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
36	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
37	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
38	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
39	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
40	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

CERTIFICATED BARGAINING UNIT BENEFIT SCHEDULE (ACTIVE EMPLOYEES), 2022-23

AGENCY CODE	AGENCY NAME
3768049	DEHESA ELEMENTARY

Benefit Plans:	Single Party Plan	Two-Party Plan	Three-Party Plan	Family Plan	Composite Plan
UHC					
Annual Cost of Plan:	9,690.00	0.00	0.00	0.00	0.00
District Contribution:	9,690.00	0.00	0.00	0.00	0.00
Number of FTE's:	1.00	0.00	0.00	0.00	0.00
Kaiser					
Annual Cost of Plan:	9,000.00	0.00	0.00	0.00	0.00
District Contribution:	9,000.00	0.00	0.00	0.00	0.00
Number of FTE's:	5.00	0.00	0.00	0.00	0.00
UHC after Grandfather clause					
Annual Cost of Plan:	9,690.00	0.00	0.00	0.00	0.00
District Contribution:	9,000.00	0.00	0.00	0.00	0.00
Number of FTE's:	1.00	0.00	0.00	0.00	0.00
DENTAL					
Delta					
Annual Cost of Plan:	390.00	832.20	1,514.90	1,514.90	0.00
District Contribution:	390.00	390.00	390.00	390.00	0.00
Number of FTE's:	5.00	2.00	0.00	0.00	0.00
VISION					
VSP					
Annual Cost of Plan:	90.10	130.90	234.60	234.60	0.00
District Contribution:	90.10	90.10	90.10	90.10	0.00
Number of FTE's:	4.00	1.00	0.00	2.00	0.00
LIFE					
Life					
Annual Cost of Plan:	81.50	0.00	0.00	0.00	0.00
District Contribution:	81.50	0.00	0.00	0.00	0.00
Number of FTE's:	7.00	0.00	0.00	0.00	0.00

CERTIFICATED BARGAINING UNIT BENEFIT SCHEDULE (RETIRED EMPLOYEES, 65 OR YOUNGER), 2022-23

AGENCY CODE	AGENCY NAME
3768049	DEHESA ELEMENTARY

Benefit Plans:	Single Party Plan	Two-Party Plan	Three-Party Plan	Family Plan	Composite Plan
MEDICAL					
Kaiser					
Annual Cost of Plan:	8,450.00	0.00	0.00	0.00	0.00
District Contribution:	8,450.00	0.00	0.00	0.00	0.00
Number of FTE's:	0.00	0.00	0.00	0.00	0.00
UHC					
Annual Cost of Plan:	9,440.00	0.00	0.00	0.00	0.00
District Contribution:	9,440.00	0.00	0.00	0.00	0.00
Number of FTE's:	0.00	0.00	0.00	0.00	0.00
DENTAL					
Delta					
Annual Cost of Plan:	390.00	0.00	0.00	0.00	0.00
District Contribution:	390.00	0.00	0.00	0.00	0.00
Number of FTE's:	0.00	0.00	0.00	0.00	0.00
VISION					
VSP					
Annual Cost of Plan:	90.10	0.00	0.00	0.00	0.00
District Contribution:	90.10	0.00	0.00	0.00	0.00
Number of FTE's:	0.00	0.00	0.00	0.00	0.00