

**Los Angeles County Office of Education
Business Advisory Services**

**PUBLIC DISCLOSURE OF PROPOSED COLLECTIVE BARGAINING AGREEMENT
in accordance with AB 1200 (Chapter 1213/Statutes 1991), AB 2756 (Chapter 52/Statutes 2004), GC 3547.5**

Name of School District:	SAN MARINO UNIFIED SCHOOL DISTRICT
Name of Bargaining Unit:	Management and Administrative
Certificated, Classified, Other:	Certificated and Classified

The proposed agreement covers the period beginning:	July 1, 2019 (date)	and ending:	June 30, 2020 (date)
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The Governing Board will act upon this agreement on:	August 13, 2019 (date)
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Note: This form, along with a copy of the proposed agreement, must be submitted to the County Office at least ten (10) working days prior to the date the Governing Board will take action.

A. Proposed Change in Compensation

Bargaining Unit Compensation			Fiscal Impact of Proposed Agreement		
			(Complete Years 2 and 3 for multiyear and overlapping agreements only)		
All Funds - Combined		Annual Cost Prior to Proposed Settlement	Year 1	Year 2	Year 3
			Increase/(Decrease)	Increase/(Decrease)	Increase/(Decrease)
			2019-20	2020-21	2021-22
1.	Salary Schedule Including Step and Column	\$ 3,434,899			
			0.00%	0.00%	0.00%
2.	Other Compensation Stipends, Bonuses, Longevity, Overtime, Differential, Callback or Standby Pay, etc.	\$ 44,251			
			0.00%	0.00%	0.00%
	Description of Other Compensation				
3.	Statutory Benefits - STRS, PERS, FICA, WC, UI, Medicare, etc.	\$ 927,790			
			0.00%	0.00%	0.00%
4.	Health/Welfare Plans	\$ 273,195	\$ 12,782		
			4.68%	0.00%	0.00%
5.	Total Bargaining Unit Compensation Add Items 1 through 4 to equal 5	\$ 4,680,135	\$ 12,782	\$ -	\$ -
			0.27%	0.00%	0.00%
6.	Total Number of Bargaining Unit Employees (Use FTEs if appropriate)	27.00			
7.	Total Compensation <u>Average</u> Cost per Bargaining Unit Employee	\$ 173,338	\$ 473	\$ -	\$ -
			0.27%	0.00%	0.00%

SAN MARINO UNIFIED SCHOOL DISTRICT

Management and Administrative

8. What was the negotiated percentage change? For example, if the change in "Year 1" was for less than a full year, what is the annualized percentage of that change for "Year 1"?

N/A

9. Were any additional steps, columns, or ranges added to the salary schedules? (If yes, please explain.)

N/A

10. Please include comments and explanations as necessary. (If more room is necessary, please attach an additional sheet.)

N/A

11. Does this bargaining unit have a negotiated cap for Health and Welfare benefits?

Yes ☒ No ☐

If yes, please describe the cap amount.

For HMO plans, the District will contribute 100% of employee only coverage and 70% for two-party and family coverage. For PPO plans, see attached Memorandum for negotiated caps.

- B. Proposed negotiated changes in noncompensation items** (i.e., class size adjustments, staff development days, teacher prep time, classified staffing ratios, etc.)

N/A

- C. What are the specific impacts (positive or negative) on instructional and support programs to accommodate the settlement?** Include the impact of changes such as staff reductions or increases, program reductions or increases, elimination or expansion of other services or programs (i.e., counselors, librarians, custodial staff, etc.)

N/A

Public Disclosure of Proposed Collective Bargaining Agreement
SAN MARINO UNIFIED SCHOOL DISTRICT
Management and Administrative

Page 3

D. What contingency language is included in the proposed agreement (e.g., reopeners, etc.)?

N/A

E. Identify other major provisions that do not directly affect the district's costs, such as binding arbitrations, grievance procedures, etc.

N/A

F. Source of Funding for Proposed Agreement:

1. Current Year

LCFF Funds and savings due to retirements and attrition.

2. If this is a single year agreement, how will the ongoing cost of the proposed agreement be funded in subsequent years?

N/A

3. If this is a multiyear agreement, what is the source of funding, including assumptions used, to fund these obligations in subsequent years? (Remember to include compounding effects in meeting obligations.)

N/A

San Marino Unified School District

Proposed

2019-20

Management Administrative and Unrepresented Benefit Adjustments

Health Benefits

The District will contribute 100% of employee only coverage for HMO plans. The District will contribute 70% of two-party and family coverage for HMO plans. For PPO plans, the District will contribute \$6,500 annually for employee-only coverage; \$9,500 annually for two party coverage; and \$12,500 annually for family coverage. The District shall continue to fully fund dental, vision and life insurance plans.

**Los Angeles County Office of Education
Business Advisory Services**

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in accordance with AB 1200 (Chapter 1213/Statutes 1991), AB 2756 (Chapter 52/Statutes 2004), GC 3547.5**

Name of School District:	SAN MARINO UNIFIED SCHOOL DISTRICT
Name of Bargaining Unit:	Non-Represented
Certificated, Classified, Other:	Certificated and Classified

The proposed agreement covers the period beginning:	July 1, 2019 (date)	and ending:	June 30, 2020 (date)
The Governing Board will act upon this agreement on:	August 13, 2019 (date)		

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A. Proposed Change in Compensation

Bargaining Unit Compensation All Funds - Combined			Fiscal Impact of Proposed Agreement (Complete Years 2 and 3 for multiyear and overlapping agreements only)		
			Year 1 Increase/(Decrease) 2019-20	Year 2 Increase/(Decrease) 2020-21	Year 3 Increase/(Decrease) 2021-22
1.	Salary Schedule Including Step and Column	\$ 861,198			
			0.00%	0.00%	0.00%
2.	Other Compensation Stipends, Bonuses, Longevity, Overtime, Differential, Callback or Standby Pay, etc.	\$ 1,500			
			0.00%	0.00%	0.00%
	Description of Other Compensation				
3.	Statutory Benefits - STRS, PERS, FICA, WC, UI, Medicare, etc.	\$ 196,426			
			0.00%	0.00%	0.00%
4.	Health/Welfare Plans	\$ 111,715	\$ 4,230		
			3.79%	0.00%	0.00%
5.	Total Bargaining Unit Compensation Add Items 1 through 4 to equal 5	\$ 1,170,839	\$ 4,230	\$ -	\$ -
			0.36%	0.00%	0.00%
6.	Total Number of Bargaining Unit Employees (Use FTEs if appropriate)	7.44			
7.	Total Compensation <u>Average</u> Cost per Bargaining Unit Employee	\$ 157,371	\$ 569	\$ -	\$ -
			0.36%	0.00%	0.00%

SAN MARINO UNIFIED SCHOOL DISTRICT

Non-Represented

8. What was the negotiated percentage change? For example, if the change in "Year 1" was for less than a full year, what is the annualized percentage of that change for "Year 1"?

N/A

9. Were any additional steps, columns, or ranges added to the salary schedules? (If yes, please explain.)

N/A

10. Please include comments and explanations as necessary. (If more room is necessary, please attach an additional sheet.)

N/A

11. Does this bargaining unit have a negotiated cap for Health and Welfare benefits?

Yes ☒ No ☐

If yes, please describe the cap amount.

For HMO plans, the District will contribute 100% of employee only coverage and 70% for two-party and family coverage. For PPO plans, see attached Memorandum for negotiated caps.

- B. Proposed negotiated changes in noncompensation items** (i.e., class size adjustments, staff development days, teacher prep time, classified staffing ratios, etc.)

N/A

- C. What are the specific impacts (positive or negative) on instructional and support programs to accommodate the settlement?** Include the impact of changes such as staff reductions or increases, program reductions or increases, elimination or expansion of other services or programs (i.e., counselors, librarians, custodial staff, etc.)

N/A

SAN MARINO UNIFIED SCHOOL DISTRICT

Non-Represented

D. What contingency language is included in the proposed agreement (e.g., reopeners, etc.)?

N/A

E. Identify other major provisions that do not directly affect the district's costs, such as binding arbitrations, grievance procedures, etc.

N/A

F. Source of Funding for Proposed Agreement:

1. Current Year

LCFF Funds and savings due to retirements and attrition.

2. If this is a single year agreement, how will the ongoing cost of the proposed agreement be funded in subsequent years?

N/A

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N/A

San Marino Unified School District

Proposed

2019-20

**Management Administrative and Unrepresented
Benefit Adjustments**

Health Benefits

The District will contribute 100% of employee only coverage for HMO plans. The District will contribute 70% of two-party and family coverage for HMO plans. For PPO plans, the District will contribute \$6,500 annually for employee-only coverage; \$9,500 annually for two party coverage; and \$12,500 annually for family coverage. The District shall continue to fully fund dental, vision and life insurance plans.