

Request for Waiver - Teacher Compensation Accountabilities
SDCL 13-13-73.6

Name of School District: Sisseton 54-2

School Year: 2017

| | | | |
|---|-------------|------------------------------|-------------|
| FY2016 Total Teacher Compensation: | \$3,658,553 | | |
| FY2016 Average Teacher Compensation: | \$51,500 | | |
| FY2017 Total Teacher Compensation: | \$3,920,036 | Difference Total TC: | \$261,483 |
| FY2017 Average Teacher Compensation: | \$56,936 | Difference Avg TC: | \$5,436 |
| FY2017 Total Teacher Compensation Accountability: | \$4,064,822 | Difference Accountability #1 | (\$144,786) |
| FY2017 Average Teacher Compensation Accountability: | \$56,182 | Difference Accountability #2 | \$754 |

Check the appropriate accountability:

Request to Waive Accountability #1: Total Expenditures for Teacher Compensation

☒

Request to Waive Accountability #2: Average Teacher Compensation

☐

Please list all documents provided to the board supporting this request*:

* Documentation must include a copy of the report: Teacher Compensation Prior Year Current Year Comparison.

Please See Attached

Please explain the reason(s) for this request:

Please See Attached

Contact Person: Tammy Meyer

Title: Superintendent

Date: 11-3-2017

Signature: Tammy L. Meyer

As per ARSD the board may consider a request to waive an accountability due to:

- 1) Retirement of a Teacher; or
- 2) Declining Student Enrollment; or
- 3) Change in Budgeted Costs for Benefits; or
- 4) An Unanticipated Change in Teacher FTE; or
- 5) Any Un-Foreseen or Extenuating Circumstances

School Finance/Accountability Board Action

Approved _____
Denied _____
Date: _____

Appropriations Committee Action

Approved _____
Denied _____
Date: _____

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John "Jack" Appel, Activities Director
Cory J Kranhold, Technology Director
Dr. Michelle K. Greseth, Special Services Director

Tammy L. Meyer, Interim Superintendent
Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal
Eric S. Heath, Interim MS Principal
Dr. April D. Moen, Elem. Principal

The following documents have been provided as rationale to apply for the Teacher Compensation Accountability Waiver, per SDCL 13-13-73.6:

Exhibit 1 – Rationale for Waiver Request

Exhibit 2 - Teacher Compensation Report

Exhibit 3 – FY2017 Accountability Targets

Exhibit 4 – Retiring Teachers Cover Letter

Exhibit 4.a. - Listing of Retired Teachers, Salary & Benefits Spreadsheet

Exhibit 4.b. - 2015-16 Contracts of Retired Teachers

Exhibit 5 – Resigning Teachers Cover Letter

Exhibit 5.a. - Listing of Resigning Teachers, Salary & Benefits Spreadsheet

Exhibit 5.b. - 2015-16 Contracts of Resigning Teachers

Exhibit 6 - 2016-17 New Teachers, Salary, & Benefits Cover Letter

Exhibit 6.a. – Listing of 2016-17 New Teachers, Salary, & Benefits Spreadsheet

Exhibit 6.b. - 2016-17 Contracts of New Teachers

Exhibit 7 – Change in Budgeted Costs for Benefits Cover Letter

Exhibit 7.a. - Change in Budgeted Costs for Benefits Spreadsheet

Exhibit 7.b. - Waiver Forms for New Teachers Declining Insurance

Exhibit 8 – Unanticipated Change in Teacher FTE Cover Letter

Exhibit 8.a. - Position Advertisements for Unfilled Positions

Exhibit 8.b. – Budgeted Allocation for Unanticipated Change in Teacher FTE

Exhibit 9 - Increases in Compensation for Administrative Staff Cover Letter

Exhibit 9.a. - Increases in Compensation for Administrative Staff Spreadsheet

Exhibit 10 - Increases in Compensation for School-Support Specialists Cover Letter

Exhibit 10.a. - Increases in Compensation for School-Support Specialists Spreadsheet

Exhibit 11 - Increases in Compensation for Classified Staff Cover Letter

Exhibit 11.a. - Increases in Compensation for Classified Staff Spreadsheet

Exhibit 12 – 2015-16, 2016-17 Salary Schedules & New Employee Benefits

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Exhibit 1 - Rationale for Waiver Request

The Sisseton School District has worked diligently to meet the Teacher Compensation Accountability for both Total Expenditures for Teacher Compensation and Average Teacher Compensation. While the District did meet the Average Teacher Compensation target (Required - \$56,182, District Contribution - \$56,936), we did not meet the Target Total Teacher Compensation of \$4,064,822 for the 2016-17 SY. While the District did budget for the targeted allocation at the time the FY2017 Accountability Targets were compiled and reported, several factors occurred which made the district fall **\$144,786** or 3.6% short of the total teacher compensation requirement.

1. Retirement of a Teacher –
 - a. Three Teachers retired at the end of the 2015-16 SY. They were compensated at a rate of \$182,460. Had they remained under contract, they would have received \$202,522. A new teacher would receive a minimum compensation of \$50,758 (salary + benefits), for a minimum compensation total of \$152,274. This leaves a potential disparity of \$30,186 (2015-16 contract comparison) to \$50,248 (2016-17 potential contract comparison). These teachers had a collective 107 years of employment in the district. The new teachers as a collective group (8.5 FTE) were given credit for 22 years of prior employment.
3. Change in Budgeted Costs for Benefits -
 - a. 6.33 FTE teachers waived health insurance for part of or the entire 2016-17 school year.
 - b. This change in benefits held a value of **\$34,320**.
4. Unanticipated Change in Teacher FTE –
 - a. 4.5 FTE positions were unfilled for part or all of the 2016-17 SY. These included the following: HS Science, HS English, HS Health/PE, Elementary Teacher, Special Education (0.5 FTE)
 - b. At minimum, these positions would have been compensated at a rate of \$50,758 (\$39,000 base + benefits) for a total of **\$228,411**.
5. Unforeseen or Extenuating Circumstances -
 - a. The Sisseton School District had 6 teachers resign from their positions at the end of the 2015-16 SY (\$275,026 total compensation). These teachers would have received a total compensation of \$318,311 had they returned for employment in the 2016-17 SY.
 - b. 11 FTE new teachers were hired in 2016-17 to fill the positions vacated by those who resigned or retired. Some of these positions were still open from the 2014-15 SY. These newly hired teachers were compensated at a final value of \$466,853.
 - c. The teachers (resign/retire) who left employment at the end of the 2015-16 school year were compensated at a total rate of \$457,486. Had they remained on contract, they would have received an additional \$63,347, for a total of \$520,833.
 - d. This created a potential total disparity of **\$54,250**.

The Sisseton School District had a Fall State Aid 2015 enrollment count of 904 students, creating a formula number of certified instructional staff of 60.27 FTE. However, the district employed 68.85 FTE, for an increase of 8.58 FTE more than the state budget allocation, with a district budgeted increase of 13.08 FTE from the state funding formula. This is a minimum increase in local funding support of \$663,915 above the state formula.

Additionally, the Sisseton School District increased all staff pay. Classified staff received a minimum increase of \$0.75/hr for the 2016-17 SY, for a final budget increase of \$121,484 (salary plus benefits). Administrative salaries plus benefits increased by a total of \$52,552. School support specialists received the same increase in pay as certified teachers, for a total increase (salary plus benefits) of \$50,005.

The hiring schedule was changed significantly from the 2015-16 SY to the 2016-17 school year in order to maintain a higher compensation for all certified teachers. The signing bonus was also increased from \$1,500 to \$3,000, payable over the course of the first three years of employment.

I fully believe the Sisseton School District had full intentions to meet both the Average Teacher Compensation and Total Teacher Compensation targets for the 2016-17 school years. While it is discouraging we did not meet both accountabilities, I believe the documentation provided with this waiver request will fully support the District's good faith effort to fully comply with the FY2017 Accountability Target Requirements. Please consider this documentation as official request for a waiver for Teacher Compensation Accountabilities, per SDCL 13-13-73.6

Respectfully Submitted,



Tammy L. Meyer
Interim Superintendent
Sisseton School District 54-2

Report: Teacher Compensation Prior Year/Current Year Comparison

From 2016 to 2017

District Number: 54002

District Name: Sisseton 54-2

| <u>Last Name</u> | <u>FY16</u> | | <u>FY17</u> | |
|------------------------|-------------|---------------------------|-------------|---------------------------|
| | <u>FTE</u> | <u>Total Compensation</u> | <u>FTE</u> | <u>Total Compensation</u> |
| Agnew, Jacqueline | 1.00 | \$57,039 | 1.00 | \$62,421 |
| Agnew, John | 1.00 | \$59,713 | 1.00 | \$65,096 |
| Appel, Krystina | 1.00 | \$37,634 | | |
| Archer, Lorna | 1.00 | \$57,957 | 1.00 | \$63,340 |
| Bakke, Janelle | 1.00 | \$43,275 | 1.00 | \$51,347 |
| Bartlett, Brian | 1.00 | \$43,275 | 1.00 | \$51,347 |
| Bestland, Trent | 1.00 | \$44,557 | 1.00 | \$52,495 |
| Bredvik, Debra | 0.70 | \$42,359 | 0.14 | \$7,263 |
| Brooks, Amy | 1.00 | \$48,275 | 1.00 | \$54,505 |
| Butrum, Holly | 1.00 | \$47,387 | 1.00 | \$53,644 |
| Christopherson, Mary | 1.00 | \$50,225 | 1.00 | \$57,950 |
| Curran, Joann | 0.47 | \$21,616 | 0.88 | \$45,224 |
| Dahl, Amy | 1.00 | \$50,323 | 1.00 | \$55,736 |
| Dahl, Eric | 1.00 | \$45,725 | 1.00 | \$53,644 |
| Daniels, Robyn | 1.00 | \$43,275 | 1.00 | \$49,817 |
| Deneui, Jessica | | | 1.00 | \$44,788 |
| Despiegler, Shannon | | | 0.50 | \$29,584 |
| Deutsch, Meagan | 1.00 | \$52,539 | 1.00 | \$59,673 |
| Ebert, Elizabeth | 1.00 | \$62,162 | 1.00 | \$67,542 |
| Feickert, Alison | | | 0.50 | \$23,503 |
| Fisher, Jennifer | 1.00 | \$53,758 | 1.00 | \$59,673 |
| Gleason, Victoria | 1.00 | \$43,601 | | |
| Gregg, Janelle | 1.00 | \$52,835 | 1.00 | \$62,239 |
| Grewing, Juanita | 1.00 | \$39,343 | 1.00 | \$49,669 |
| Grimsrud, Cory | 1.00 | \$61,224 | 1.00 | \$66,606 |
| Grimsrud, Holly | | | 1.00 | \$47,085 |
| Groos, Sarah | 1.00 | \$53,758 | 1.00 | \$60,821 |
| Gross, Jo | 1.00 | \$55,481 | 1.00 | \$60,866 |
| Grotluschen, Elizabeth | | | 1.00 | \$46,318 |
| Haaland, Darrell | 1.00 | \$58,504 | 1.00 | \$63,887 |

| <u>Last Name</u> | <u>FY16</u> | | <u>FY17</u> | |
|----------------------|-------------|---------------------------|-------------|---------------------------|
| | <u>FTE</u> | <u>Total Compensation</u> | <u>FTE</u> | <u>Total Compensation</u> |
| Hansen, Kara | 1.00 | \$42,562 | 1.00 | \$50,817 |
| Hanson, Shawn | 1.00 | \$49,943 | 1.00 | \$55,654 |
| Harty, Tonya | 1.00 | \$46,779 | 1.00 | \$53,070 |
| Hensley, Marguerite | | | 1.00 | \$53,656 |
| Hillestad, Amanda | 1.00 | \$45,776 | 1.00 | \$54,532 |
| Hinnan, Brenda | 1.00 | \$57,548 | 1.00 | \$62,931 |
| Hofland, Cynthia | 1.00 | \$57,388 | | |
| Holter, Tonya | 1.00 | \$47,360 | 1.00 | \$54,505 |
| Hortness, Meggan | 1.00 | \$49,493 | 1.00 | \$55,654 |
| Jensen, Carol | 1.00 | \$51,990 | | |
| Julius, Erin | | | 1.00 | \$52,480 |
| Karst, Daniel | 1.00 | \$48,949 | 1.00 | \$54,532 |
| Karst, Karla | 1.00 | \$53,607 | 1.00 | \$58,991 |
| Kaufman, Jennifer | 1.00 | \$50,711 | 1.00 | \$56,802 |
| Keough, Amy | | | 1.00 | \$44,788 |
| Klapperich, Brittany | 1.00 | \$45,803 | | |
| Knecht, Connie | 1.00 | \$59,740 | 1.00 | \$65,123 |
| Koepe, Holly | | | 1.00 | \$58,510 |
| Kohoutek, Kelly | 1.00 | \$49,737 | | |
| Kranhold, Katlyn | 1.00 | \$37,634 | 1.00 | \$51,921 |
| Lardy, Brittney | 1.00 | \$43,275 | 1.00 | \$51,347 |
| Lehrke, Dean | 1.00 | \$62,935 | | |
| Lehrke, Deliah | 1.00 | \$46,752 | 1.00 | \$52,495 |
| Loberg, Linda | 0.87 | \$65,356 | 1.00 | \$71,885 |
| Mattison, Amber | 1.00 | \$43,275 | | |
| McCleerey, Heather | 1.00 | \$47,360 | 1.00 | \$53,644 |
| Medenwald, Holly | 1.00 | \$52,306 | 1.00 | \$57,691 |
| Meland, Teresa | 1.00 | \$60,332 | 1.00 | \$65,715 |
| Metz, Carissa | 1.00 | \$49,424 | 1.00 | \$58,525 |
| Moen, Michelle | 1.00 | \$56,109 | 1.00 | \$61,493 |
| Monroe, Alexis | 1.00 | \$47,387 | 1.00 | \$53,671 |
| Neilan, Jacqueline | 1.00 | \$46,057 | 1.00 | \$51,397 |
| Nelson, Michelle | 1.00 | \$49,520 | 1.00 | \$56,829 |
| Nickeson, Shauna | | | 1.00 | \$50,785 |
| Nielsen, Kari | | | 0.33 | \$15,352 |
| Ordahl, Samantha | 1.00 | \$43,574 | | |
| Pagel, Debra | 1.00 | \$43,302 | 1.00 | \$51,374 |
| Peterson, Kathleen | 1.00 | \$62,137 | | |

| <u>Last Name</u> | FY16 | | FY17 | |
|--------------------------------|--------------|---------------------------|--------------|---------------------------|
| | <u>FTE</u> | <u>Total Compensation</u> | <u>FTE</u> | <u>Total Compensation</u> |
| Prendergast, Sharon | 1.00 | \$64,045 | 1.00 | \$69,426 |
| Sabel, Joseph | 1.00 | \$59,814 | 1.00 | \$65,197 |
| Schubert, Calvin | 1.00 | \$64,720 | 1.00 | \$70,101 |
| Schubert, Patricia | 1.00 | \$59,368 | 1.00 | \$64,751 |
| Schumacher, Janis | 1.00 | \$49,043 | 0.50 | \$26,697 |
| Skjonsberg, Joni | | | 1.00 | \$53,661 |
| Solberg, Kathryn | 1.00 | \$54,976 | | |
| Stickland, Kellie | 1.00 | \$47,770 | 1.00 | \$53,644 |
| Swenson, Stephanie | 1.00 | \$44,557 | 1.00 | \$52,495 |
| Thelin, Carol | 1.00 | \$63,308 | 1.00 | \$68,690 |
| Thompson, Debra | 1.00 | \$65,447 | 1.00 | \$70,828 |
| Wegehaupt, Tammie | 1.00 | \$56,146 | 1.00 | \$61,530 |
| Wegener, Joni | 1.00 | \$48,275 | | |
| Wickre, Judith | 1.00 | \$54,364 | 1.00 | \$59,748 |
| Winter, Christina | 1.00 | \$43,275 | 1.00 | \$51,347 |
| Wolf, Debra | 1.00 | \$43,484 | 1.00 | \$49,669 |
| Total FTE/Compensation: | 71.04 | \$3,658,553 | 68.85 | \$3,920,036 |
| Average Compensation: | | \$51,500 | | \$56,936 |

FY2017 Accountability Targets

as of data reported 12/19/2016

Based on Fall 2015 SAFE Count

| Formula Number of Certified Instructional Staff FTE: | |
|--|-------|
| State Aid Fall Enrollment Count | 904 |
| X Target Student/Certified Instructional Staff FTE Ratio | 15.00 |
| Formula Number of Certified Instructional Staff FTE | 60.27 |

| Formula Certified Instructional Staff Salary/Benefit Need: | |
|---|---------------------|
| Target Certified Instructional Staff Salary | \$ 48,500 |
| X Target Certified Instructional Staff Benefits % | 29% |
| Target Certified Instructional Staff Salaries + Benefits | \$ 62,565 |
| Need based on Certified Instructional Staff Salaries/Benefits | \$ 3,770,584 |
| Overhead Costs | |
| X % of Overhead Costs | 31.0% |
| State Aid Share for Non-Teacher Expenses | \$ 1,168,881 |
| State Aid Total SAFE Need | \$ 4,939,465 |

SISSETON PUBLIC

Click in cell E1, then click on dropdown arrow and select a district.

Count of LEP students scoring (composite) < 4.0 on Language Acquisition Assessment (taken 2/2015)

| LEP Adjustment | |
|---------------------------------|------|
| Number of Eligible LEP Students | 5,00 |
| X LEP Weight | 25% |
| Weighted LEP Student Count | 1,25 |
| LEP Adjustment Teachers | 0.08 |

Calculation for LEP Teacher Salary/Benefit Need:

| | |
|---|-------------|
| Target Certified Instructional Staff Salary | \$ 48,500 |
| X Target Certified Instructional Staff Benefits % | 29% |
| Target Certified Instructional Staff Salaries + Benefits | \$ 62,565 |
| Need based on Certified Instructional Staff Salaries/Benefits | \$ 5,213.75 |

Overhead Costs

| | |
|--|-----------------|
| X % of Overhead Costs | 31% |
| State Aid Share for Non-Teacher Expenses | \$ 1,616 |
| State Aid Total LEP Need | \$ 6,830 |

TOTAL FY2016 STATE AID NEED (based on new formula)

| | |
|---|---------------------|
| FY2016 Pension Revenues | \$ - |
| Adjusted New Formula State Aid Need (A minus B) | \$ 4,946,295 |
| FY2016 General State Need (old formula, including LEP adjustment) | \$ 4,468,331 |
| Calculated Formula Funding Increase (C minus D) | \$ 477,964 |
| Target 85% of Increased Need for Teacher Compensation | \$ 406,269 |
| FY2016 Total Compensation Reported on Annual Report | \$ 3,658,553 |

#1 - FY2017 Target Total Teacher Compensation

| |
|---------------------|
| \$ 4,064,822 |
|---------------------|

Percentage Increase of New Funding for FY2017 (over base year FY2016)

| | |
|--|--------|
| Mandatory Increase in Average Salaries and Benefit (85% of % Increase) | 10.70% |
|--|--------|

FY2016 Average Teacher Salary & Benefits Reported on Annual Report

| |
|------------------|
| \$ 51,500 |
|------------------|

FY2017 Required Increase in Average Teacher Compensation

| |
|-----------------|
| \$ 4,682 |
|-----------------|

#2 - FY2017 Target Average Teacher Compensation

| |
|------------------|
| \$ 56,182 |
|------------------|

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Exhibit 4 – Retired Teachers Cover Letter

Three teachers retired from service from the Sisseton School District at the close of the 2015-16 SY. Together, these teachers had been employed by the district for a total of 107 years.

The following sheets outline the 2015-16 Salary, 2015-16 Benefits, and 2015-16 Total (benefits + salary). Additionally, the 2016-17 Salary, Benefits, and Salary + Benefits have been calculated to show the amounts these individuals would have received had they continued their employment in the district.

Contracts from the 2015-16 SY for each of the retired teachers are also attached to show proof of compensation for the 2015-16 SY.

Teachers Who Retired After 2015-16

| | 2015-16 SALARY | 2015-16 BENEFITS | 2015-16 SALARY W/BENEFITS | 2016-17 SALARY IF STAYED | 2016-17 BENEFITS IF STAYED | 2016-17 SALARY W/BENEFITS IF STAYED |
|---------------------|----------------|------------------|------------------------------|-----------------------------|-------------------------------|--|
| Yrs | | | | | | |
| 37 | \$46,509 | \$10,879 | \$57,388 | \$51,172 | \$13,564 | \$64,736 |
| 35 | \$49,614 | \$13,321 | \$62,935 | \$54,277 | \$14,025 | \$68,302 |
| 35 | \$50,643 | \$11,494 | \$62,137 | \$55,306 | \$14,178 | \$69,484 |
| TOTAL | \$146,766 | \$35,694 | \$182,460 | \$160,755 | \$41,767 | \$202,522 |
| CALCULATED INCREASE | | | | | | \$20,062 |

4.6.1

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Dr. April D. Moen, Title I Director

CONTRACT AMENDMENT 2015-2016

Name: [REDACTED] C01 10-1131-031-000-110
Certificate No.: [REDACTED]
Issued: 5/1/2013
Expired: 7/1/2018

| | | | |
|----------|--------------------|----|-----------|
| Contract | 2014-2015 | \$ | 44,720.27 |
| | Salary Increase 4% | \$ | 1,788.81 |
| | Contract 2014-2015 | \$ | 46,509.08 |

| | | |
|---------------|----|-----------|
| Other & Units | \$ | 400.00 |
| Total | \$ | 46,909.08 |

*Extra duty assignments:

| | Units | Rate | Total | No. Yrs. |
|----------------------------------|-------|--------|-----------|----------|
| [REDACTED] | 1 | 400.00 | \$ 400.00 | 12 |
| | | | \$ - | |
| | | | \$ - | |
| UNIT PAID FOLLOWING THE ACTIVITY | | | \$ - | |
| | | | \$ 400.00 | Total |

| | | | | |
|----------|------------|----|-----------------|-------------|
| Payroll: | Contract | | | \$46,509.08 |
| | Sept - Aug | 10 | \$ 4,650.91 | (46,509.10) |
| | | | Final check Adj | \$ 0.02 |
| | | | | \$ 0.00 |

[REDACTED]

5/18/15
DATE

[REDACTED]
BOARD PRESIDENT
[REDACTED]
BUSINESS MANAGER

TEACHER'S CONTRACT

THIS AGREEMENT, executed this 11th day of August, 2015, by and between [REDACTED] party of the first part and SISSETON SCHOOL DISTRICT 54-2, Roberts County, Sisseton, South Dakota, party of the second part, WITNESSETH:

That the party of the first part, hereby certifies that he or she is a holder of a valid certificate, Number [REDACTED] issued 1/21/2011, and expiring 7/1/2016, and that he or she is a citizen of the United States of America, is duly qualified to teach in the schools of the party of the second part, and that for and in consideration of the payment of the sum of \$49,614.31 which may be paid in twelve monthly payments of \$4,134.53 plus the adjustment of \$-0.05 on the final check, contracts and agrees to teach in the public schools of the said school district for the full period of 180 days beginning on or about August 17, 2015, with such vacation intervals as shall be determined upon and directed by the said party of the second part, said payments to be made in warrants of the second party, drawn on its treasury, to be received and accepted at the face value thereof. Payment shall be made on the 20th day of each month or the last work day before the 20th if the 20th falls on a weekend or holiday.

Either party to this contract may terminate this agreement by tendering to the other party his or her or its resignation or cancellation or withdrawal from said contract by giving notice in writing to the other party of such termination prior to the first day of May, 2015.

If either party hereto shall, after the first day of May, 2015, fail, neglect or refuse to be further bound by the terms and conditions herein provided, and except for good cause, shall refuse to carry out the provisions of this contract, then and in that event the other party shall be entitled to recover of the party failing to perform, an amount or sum equal to one thousand dollars (\$1,000.00) from May 1 to May 31 and thereafter 1/24 of the contract amount as hereinafter provided, which shall be paid as liquidated damages to compensate the other party for any expense, outlay, or advancement, or increase that may be required in the way of teacher's salary in filling the vacancy thus caused, or to compensate the teacher for loss of time, or expense incurred in securing employment or contract elsewhere, or decrease in salary in another position or any other loss or damage as the case may be; provided further, that this contract may be terminated by mutual consent of both parties in writing or by endorsement of such on the contract.

It is further provided in case the party of the first part shall violate the conditions of this contract or be legally dismissed from school or have this contract terminated as hereinbefore provided, or the party of the first part's certificate should expire or be legally annulled or otherwise, then the party of the first part shall not be entitled to compensation from or after the termination of this contract as hereinbefore provided, either by resignation, dismissal or annulment of certificate, or by the parties agreeing upon the cancellation and termination of the contract.

That the party of the first part hereby acknowledges that he or she understands and knows the rules and regulations adopted by the party of the second part for payment of sick benefits to the teachers of said school system and the regulations concerning attendance at summer school and agrees to accept and be bound by the same.

Party of the first part agrees to perform the duties assigned by party of the second part. It is also agreed that party of the first part will attend such preschool meetings, institutes and teacher's professional meetings during this contract as are listed below:

[REDACTED] - attend all meetings requested

and that party of the first part will be present at the school workshop days preceding the beginning of the teaching term and closing days after the closing of the teaching term for the purpose of preparation for the beginning of the term and the proper closing of the term.

THE PARTIES AGREE that this contract is not binding upon the parties until it has been signed by the president of the school board and business manager of the school district as is provided in SDCL 13-43-4 and laws amendatory thereto, if any.

Party of the first part hereby acknowledges they will receive a copy of this agreement after all signatures have been affixed.

IN WITNESS WHEREOF, party of the first part has signed and party of the second part has caused this contract to be executed by its officers as provided by law.

Teacher Signature [REDACTED]

Dated 8-12-15

SISSETON SCHOOL DISTRICT 54-2
[REDACTED] Board President

[REDACTED] Business Manager

*To be presented to the school board for approval, this contract must be signed and in the hands of the school board on or before August 14, 2015.

It is hereby agreed that if negotiations relating to a final salary schedule are pending at the time this contract is finalized, the school board may issue a supplemental agreement to this contract properly executed and based on the salary schedule as finally agreed upon, and such schedule shall constitute salary applicable to this contract, but in no case shall that salary be less than the amount of this contract.

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Dan A. Yost, Elem. Principal

Dr. April D. Moen, Title I Director

CONTRACT AMENDMENT 2015-2016

Name: _____
Certificate No. _____

Issued: 5/17/2011

Expired: 7/1/2016

10-1273-011-200-110

22-1221-011-000-110

| | | | |
|----------|-----------|----|-----------|
| Contract | 2014-2015 | \$ | 48,695.01 |
|----------|-----------|----|-----------|

| | | |
|--------------------|----|----------|
| Salary Increase 4% | \$ | 1,947.80 |
|--------------------|----|----------|

| | | |
|--------------------|----|-----------|
| Contract 2014-2015 | \$ | 50,642.81 |
|--------------------|----|-----------|

Other & Units \$ 1,000,000

| | |
|-------|--------------|
| Total | \$ 50,642.81 |
|-------|--------------|

| | | | | |
|--------------------------|-------|------|-------|--------------|
| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
| | | | \$ | - |
| | | | \$ | - |
| | | - | \$ | - |
| | | - | \$ | - |
| | | | \$ | - |
| | | | | Total |

| | | | | | |
|----------|------------|----|----|-----------------|----------------|
| Payroll: | Contract | | | | \$50,642.81 |
| | Sept - Aug | 10 | \$ | 5,064.28 | \$ (50,642.80) |
| | | | | Final check Adj | \$ (0.01) |
| | | | | | \$ 0.00 |

[REDACTED]

5/18/2015
DATE

BOARD PRESIDENT

[REDACTED]

BUSINESS MANAGER

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John "Jack" Appel, Activities Director

Cory J Kranhold, Technology Director

Dr. Michelle K. Greseth, Special Services Director

Tammy L. Meyer, Interim Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Eric S. Heath, Interim MS Principal

Dr. April D. Moen, Elem. Principal

Exhibit 5 - Non-Returning Teachers Cover Letter

Six teachers resigned from service from the Sisseton School District at the close of the 2015-16 SY. Together, these teachers had been employed by the district for a total of 24 years.

The following sheets outline the 2015-16 Salary, 2015-16 Benefits, and 2015-16 Total (benefits + salary). Additionally, the 2016-17 Salary, Benefits, and Salary + Benefits have been calculated to show the amounts these individuals would have received had they continued their employment in the district.

Contracts from the 2015-16 SY for each of the resigned teachers are also attached to show proof of compensation for the 2015-16 SY.

Teachers Who Resigned After 2015-16

| | <u>YRS</u> | <u>2015-16 SALARY</u> | <u>2015-16 BENEFITS</u> | <u>2015-16 SALARY</u> <u>W/BENEFITS</u> | <u>2016-17 SALARY</u> <u>IF STAYED</u> | <u>2016-17 BENEFITS</u> <u>IF STAYED</u> | <u>2016-17 SALARY</u> <u>W/BENEFITS IF STAYED</u> |
|---------------------|------------|-----------------------|-------------------------|--|---|---|--|
| | 2 | \$32,760 | \$4,874 | \$37,634 | \$40,000 | \$5,936 | \$45,936 |
| | 2 | \$32,760 | \$10,841 | \$43,601 | \$40,000 | \$11,933 | \$51,933 |
| | 5 | \$34,677 | \$11,126 | \$45,803 | \$41,500 | \$12,156 | \$53,656 |
| | 3 | \$38,125 | \$11,612 | \$49,737 | \$42,788 | \$12,320 | \$55,108 |
| | 1 | \$32,500 | \$10,775 | \$43,275 | \$39,500 | \$11,832 | \$51,332 |
| | 11 | <u>\$42,686</u> | <u>\$12,290</u> | <u>\$54,976</u> | <u>\$47,349</u> | <u>\$12,997</u> | <u>\$60,346</u> |
| TOTAL | | \$213,508 | \$61,518 | \$275,026 | \$251,137 | \$67,174 | \$318,311 |
| CALCULATED INCREASE | | | | | | | \$43,285 |

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Marge R. Moen, Business Manager

Tammy L. Meyer, MS Principal

John 'Jack' Appel, Athletic Director

Cory Kranhold, Technology Director

Dan A. Yost, Elem. Principal

Dr. April D. Moen, Title I Director

CONTRACT AMENDMENT 2015-2016

██████████ C01 10-1111-011-000-110

Name: ██████████

Certificate No.: ██████████

Issued: 6/16/2014

Expired: 7/1/2015

| | | | |
|----------|-----------|----|-----------|
| Contract | 2014-2015 | \$ | 31,500.00 |
|----------|-----------|----|-----------|

| | |
|--------------------|----------|
| Salary Increase 4% | 1,260.00 |
|--------------------|----------|

| | |
|--------------------|-----------|
| Contract 2015-2016 | 32,760.00 |
|--------------------|-----------|

| | |
|---------------|--------------------|
| Other & Units | \$0.00 |
| Total | \$32,760.00 |

| | | | | |
|--------------------------|-------|------|-------|----------|
| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
| | | | \$ | - |
| | | | \$ | - |
| | | - | \$ | - |
| | | - | \$ | - |
| | | | \$ | - |
| | | | | Total |

| | | | | | |
|----------|------------|----|----|-----------------|----------------|
| Payroll: | Contract | | | | \$32,760.00 |
| | Sept - Aug | 12 | \$ | 2,730.00 | \$ (32,760.00) |
| | | | | Final check Adj | \$ - |
| | | | | | \$ - |

DATE:

BOARD PRESIDENT

BUSINESS MANAGER

SISSETON SCHOOL DISTRICT 54-2**516 8th Avenue West****Sisseton, SD 57262**

Phone (605) 698-7613

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Fax (605) 698-3032

*Dr. Stephen J. Schulte, Superintendent**James D. Frederick, HS Principal**Dr. Michelle K. Greseth, SPED Director**Marge R. Moen, Business Manager**Tammy L. Meyer, MS Principal**John 'Jack' Appel, Athletic Director**Cory Kranhold, Technology Director**Dan A. Yost, Elem. Principal**Dr. April D. Moen, Title I Director***CONTRACT AMENDMENT 2015-2016**

Name: [REDACTED] C01 10-1131-031-000-110
 Certificate No.: [REDACTED]
 Issued: 7/20/2011
 Expired: 7/1/2016

Contract 2014-2015 \$ 33,343.30
 Salary Increase 4% \$ 1,333.73
 Contract 2014-2015 \$ 34,677.03

Other & Units \$ 2,800.00
 Total \$ 37,477.03

***Extra duty assignments:**

| | Units | Rate | Total | No. Yrs. |
|------------|-------|--------|-------------|----------|
| [REDACTED] | 7 | 350.00 | \$ 2,450.00 | 3 |
| [REDACTED] | 1 | 350.00 | \$ 350.00 | 2 |
| | | - | \$ - | |
| | | - | \$ - | |
| | | | \$ 2,800.00 | Total |

Payroll: Contract

Sept - Aug

10 \$ 3,747.70 \$
 Final check Adj \$
 \$

\$37,477.03

(37,477.03)

(103)

[REDACTED]
 [REDACTED]

5-18-15

DATE

[REDACTED]
BOARD PRESIDENT[REDACTED]
BUSINESS MANAGER

SISSETON SCHOOL DISTRICT 54-2

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Cory Kranhold, Technology Director

Dan A. Yost, Elem. Principal

Dr. April D. Moen, Title I Director

CONTRACT AMENDMENT 2015-2016

Name: [REDACTED] C01 10-1111-012-000-110
 Certificate No.: [REDACTED]
 Issued: 1/26/2013
 Expired: 7/1/2015

| | | | |
|----------|--------------------|----|-----------|
| Contract | 2014-2015 | \$ | 36,658.30 |
| | Salary Increase 4% | \$ | 1,466.33 |
| | Contract 2014-2015 | \$ | 38,124.63 |

| | | |
|---------------|----|-----------|
| Other & Units | \$ | - |
| Total | \$ | 38,124.63 |

| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
|--------------------------|-------|------|-------|----------|
| | | | \$ | - |
| | | | \$ | - |
| | - | | \$ | - |
| | - | | \$ | - |
| | | | \$ | - |
| | | | \$ | - |
| | | | | Total |

| | | | | |
|----------|------------|----|-----------------|----------------|
| Payroll: | Contract | | | \$38,124.63 |
| | Sept - Aug | 12 | \$ 3,177.05 | \$ (38,124.60) |
| | | | Final check Adj | \$ (0.03) |
| | | | | \$ 0.00 |

[REDACTED]

5-19-15

DATE

BOARD PRESIDENT

BUSINESS MANAGER

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Dr. Stephen J. Schulte, Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Tammy L. Meyer, MS Principal

Dr. April D. Moen, Elem. Principal

CONTRACT AMENDMENT

The contract between [REDACTED] and the Sisseton School District 54-2 for the **2015-2016** school year has been amended from **\$49,986.07** to **\$47,536.07**. The contract is to be paid in **12** monthly payments of \$ **3,961.34** plus the adjustment of \$ **(.01)** on the final check.

The above change is due to: Deletion of [REDACTED] units

This has been agreed to by those who have affixed their signatures below.

Base Contract:

\$42,686.07

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Total

\$47,536.07

$\$47,536.07 / 12 = \$3,961.34$

Last check adj. \$(.01)

[REDACTED] 3-30-16
Employee Date

[REDACTED] 4-12-16
School Board President Date

[REDACTED] 4-12-16
Business Manager Date

SISSETON SCHOOL DISTRICT 54-2**516 8th Avenue West****Sisseton, SD 57262**

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Name: [REDACTED]
 Certificate No.: [REDACTED]
 Issued: 7/1/2015
 Expired: 7/1/2016

C01 10-1273-011-200-110

| | | | |
|----------|---------------------|----|-----------|
| Contract | 2014-2015 | \$ | 31,500.00 |
| | Negotiated Base Adj | \$ | 1,000.00 |
| | Contract 2014-2015 | \$ | 32,500.00 |

| | | |
|---------------|----|-----------|
| Other & Units | \$ | |
| Total | \$ | 32,500.00 |

| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
|--------------------------|-------|------|-------|----------|
| | | | \$ | - |
| | | | \$ | - |
| | | | \$ | - |
| | | | \$ | - |
| | | | \$ | - |
| | | | \$ | - |
| | | | | Total |

| | | | | |
|-------------------|------------|----|-----------------|----------------|
| Payroll: Contract | | | | \$32,500.00 |
| | Sept - Aug | 12 | \$ 2,708.33 | \$ (32,499.96) |
| | | | Final check Adj | \$ (0.04) |
| | | | | \$ 0.00 |

[REDACTED]

5/22/15
 DATE

[REDACTED]
BOARD PRESIDENT[REDACTED]
BUSINESS MANAGER

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*Tammy L. Meyer, Interim Superintendent
Lori A. Kuschel, Business Manager*

*James D. Frederick, HS Principal
Eric S. Heath, Interim MS Principal
Dr. April D. Moen, Elem. Principal*

Exhibit 6 - 2016-17 New Teachers Cover Letter

8.5 FTE teachers were hired for the 2016-17 SY to fill positions that were vacated at the end of the 2015-16 SY. 2.0 FTE teachers were hired to fill positions that were vacated prior to the 2015-16 SY. Together, these newly hired teachers were given credit for 22 years of prior service.

The following sheet outlines the 2016-17 Salary, Benefits, and Salary + Benefits of the newly hired teachers.

Contracts from the 2016-17 SY for each of the new teachers are also attached to show proof of compensation for the 2016-17 SY.

New Teachers 2016-17

| | <u>YRS</u> | <u>SALARY</u> | <u>BENEFITS</u> | <u>SALARY W/BENEFITS</u> |
|-------|------------|-----------------|-----------------|------------------------------|
| | 0 | \$39,000 | \$5,788 | \$44,788 |
| | 0 | \$22,706 | \$6,878 | \$29,584 |
| | 0 | \$20,475 | \$3,028 | \$23,503 |
| | 4 | \$41,000 | \$6,085 | \$47,085 |
| | 0 | \$39,000 | \$7,318 | \$46,318 |
| | 5+ | \$41,500 | \$12,156 | \$53,656 |
| | 3 | \$40,500 | \$11,980 | \$52,480 |
| | 0 | \$39,000 | \$5,788 | \$44,788 |
| | 6 | \$45,750 | \$12,760 | \$58,510 |
| | 0 | \$39,000 | \$11,785 | \$50,785 |
| | 9 | <u>\$13,372</u> | <u>\$1,984</u> | <u>\$15,356</u> |
| TOTAL | | \$381,303 | \$15,694 | \$466,853 |

TEACHER'S CONTRACT

THIS AGREEMENT, executed this 22nd day of December, 2016, by and between [REDACTED] party of the first part and SISSETON SCHOOL DISTRICT 54-2, Roberts County, Sisseton, South Dakota, party of the second part, WITNESSETH:

That the party of the first part, hereby certifies that he or she is a holder of a valid certificate, Number [REDACTED] issued November 8, 2016, and expiring July 1, 2017, and that he or she is a citizen of the United States of America, is duly qualified to teach in the schools of the party of the second part, and that for and in consideration of the payment of the sum of \$22,705.51 which may be paid in six monthly payments of \$3,784.25 plus the adjustment of \$0.01 on the final check, contracts and agrees to teach in the public schools of the said school district for the full period of 94.5 days beginning on or about January 6, 2017, with such vacation intervals as shall be determined upon and directed by the said party of the second part, said payments to be made in warrants of the second party, drawn on its treasury, to be received and accepted at the face value thereof. Payment shall be made on the 20th day of each month or the last work day before the 20th if the 20th falls on a weekend or holiday.

Either party to this contract may terminate this agreement by tendering to the other party his or her or its resignation or cancellation or withdrawal from said contract by giving notice in writing to the other party of such termination prior to the sixteenth day of May, 2016.

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000
- June 1st - June 30th liquidated damages of \$2,500
- July 1st - July 31st liquidated damages of \$5,000
- August 1st to scheduled contract start date, liquidated damages of \$7,500
- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

It is further provided in case the party of the first part shall violate the conditions of this contract or be legally dismissed from school or have this contract terminated as hereinbefore provided, or the party of the first part's certificate should expire or be legally annulled or otherwise, then the party of the first part shall not be entitled to compensation from or after the termination of this contract as hereinbefore provided, either by resignation, dismissal or annulment of certificate, or by the parties agreeing upon the cancellation and termination of the contract.

That the party of the first part hereby acknowledges that he or she understands and knows the rules and regulations adopted by the party of the second part for payment of sick benefits to the teachers of said school system and the regulations concerning attendance at summer school and agrees to accept and be bound by the same.

Party of the first part agrees to perform the duties assigned by party of the second part. It is also agreed that party of the first part will attend such preschool meetings, institutes and teacher's professional meetings during this contract as are listed below:

[REDACTED] - attend all meetings requested

and that party of the first part will be present at the school workshop days preceding the beginning of the teaching term and closing days after the closing of the teaching term for the purpose of preparation for the beginning of the term and the proper closing of the term.

THE PARTIES AGREE that this contract is not binding upon the parties until it has been signed by the president of the school board and business manager of the school district as is provided in SDCL 13-43-4 and laws amendatory thereto, if any.

Party of the first part hereby acknowledges they will receive a copy of this agreement after all signatures have been affixed.

IN WITNESS WHEREOF, party of the first part has signed and party of the second part has caused this contract to be executed by its officers as provided by law.

Teacher Signature: [REDACTED]

Dated 12.22.16

SISSETON SCHOOL DISTRICT 54-2

By [REDACTED] Board President

[REDACTED] Business Manager

*To be presented to the school board for approval, this contract must be signed and in the hands of the school board on or before January 6, 2017.

It is hereby agreed that if negotiations relating to a final salary schedule are pending at the time this contract is finalized, the school board may issue a supplemental agreement to this contract properly executed and based on the salary schedule as finally agreed upon, and such schedule shall constitute salary applicable to this contract, but in no case shall that salary be less than the amount of this contract.

TEACHER'S CONTRACT

THIS AGREEMENT, executed this 17th day of January, 2017, by and between [REDACTED] party of the first part and SISSETON SCHOOL DISTRICT 54-2, Roberts County, Sisseton, South Dakota, party of the second part, WITNESSETH:

That the party of the first part, hereby certifies that he or she is a holder of a valid certificate, Number [REDACTED] issued 12/14/2016, and expiring 7/01/2021, and that he or she is a citizen of the United States of America, is duly qualified to teach in the schools of the party of the second part, and that for and in consideration of the payment of the sum of \$20,475.32 which may be paid in six monthly payments of \$3,412.55 plus the adjustment of \$0.02 on the final check, contracts and agrees to teach in the public schools of the said school district for the full period of 94.5 days beginning on or about January 6, 2017, with such vacation intervals as shall be determined upon and directed by the said party of the second part, said payments to be made in warrants of the second party, drawn on its treasury, to be received and accepted at the face value thereof. Payment shall be made on the 20th day of each month or the last work day before the 20th if the 20th falls on a weekend or holiday.

Either party to this contract may terminate this agreement by tendering to the other party his or her or its resignation or cancellation or withdrawal from said contract by giving notice in writing to the other party of such termination prior to the sixteenth day of May, 2016.

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000
- June 1st - June 30th liquidated damages of \$2,500
- July 1st - July 31st liquidated damages of \$5,000
- August 1st to scheduled contract start date, liquidated damages of \$7,500
- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

It is further provided in case the party of the first part shall violate the conditions of this contract or be legally dismissed from school or have this contract terminated as hereinbefore provided, or the party of the first part's certificate should expire or be legally annulled or otherwise, then the party of the first part shall not be entitled to compensation from or after the termination of this contract as hereinbefore provided, either by resignation, dismissal or annulment of certificate, or by the parties agreeing upon the cancellation and termination of the contract.

That the party of the first part hereby acknowledges that he or she understands and knows the rules and regulations adopted by the party of the second part for payment of sick benefits to the teachers of said school system and the regulations concerning attendance at summer school and agrees to accept and be bound by the same.

Party of the first part agrees to perform the duties assigned by party of the second part. It is also agreed that party of the first part will attend such preschool meetings, institutes and teacher's professional meetings during this contract as are listed below:

[REDACTED] - attend all meetings requested

and that party of the first part will be present at the school workshop days preceding the beginning of the teaching term and closing days after the closing of the teaching term for the purpose of preparation for the beginning of the term and the proper closing of the term.

THE PARTIES AGREE that this contract is not binding upon the parties until it has been signed by the president of the school board and business manager of the school district as is provided in SDCL 13-43-4 and laws amendatory thereto, if any.

Party of the first part hereby acknowledges they will receive a copy of this agreement after all signatures have been affixed.

IN WITNESS WHEREOF, party of the first part has signed and party of the second part has caused this contract to be executed by its officers as provided by law.

Teacher Signature: [REDACTED]

By: [REDACTED] Board President

Dated 1-18-17

[REDACTED] Business Manager

*To be presented to the school board for approval, this contract must be signed and in the hands of the school board on or before January 25, 2017.

It is hereby agreed that if negotiations relating to a final salary schedule are pending at the time this contract is finalized, the school board may issue a supplemental agreement to this contract properly executed and based on the salary schedule as finally agreed upon, and such schedule shall constitute salary applicable to this contract, but in no case shall that salary be less than the amount of this contract.

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

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Dr. Stephen J. Schulte, Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Tammy L. Meyer, MS Principal

Dr. April D. Moen, Elem. Principal

CONTRACT AMENDMENT 2016-2017

10-1273-000-201-110

Name: [REDACTED]
Certificate No.: [REDACTED]
Issued: 5/23/2012
Expired: 7/1/2017

| | | |
|--------------------|----|-----------|
| Contract 2016-2017 | \$ | 33,800.00 |
|--------------------|----|-----------|

| | | |
|-----------------|----|----------|
| Base Adjustment | \$ | 7,200.00 |
|-----------------|----|----------|

| | |
|--------------------|--------------|
| Contract 2016-2017 | \$ 41,000.00 |
|--------------------|--------------|

| | | |
|---------------|----|-----------|
| Other & Units | \$ | |
| Total | \$ | 41,000.00 |

| | | | | |
|--------------------------|-------|------|-------|----------|
| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
| | | | \$ - | |
| | | | \$ - | |
| | | - | \$ - | |
| | | - | \$ - | |
| | | | \$ - | Total |

| | | | | | |
|-------------------|------------|----|----|-----------------|----------------|
| Payroll: Contract | | | | | \$41,000.00 |
| | Sept - Aug | 12 | \$ | 3,416.67 | \$ (41,000.04) |
| | | | | Final check Adj | \$ 0.04 |
| | | | | | \$ (0.00) |

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000

- June 1st - June 30th liquidated damages of \$2,500'

- July 1st - July 31st liquidated damages of \$5,000

- August 1st to scheduled contract start date, liquidated damages of \$7,500

- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

Board President

Business Manager

Date _____

SISSETON SCHOOL DISTRICT 54-2**516 8th Avenue West****Sisseton, SD 57262**

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Name: [REDACTED]
 Certificate No.: [REDACTED]
 Issued: [REDACTED]
 Expired: [REDACTED]

Contract 2016-2017 \$ 32,500.00

Base Adjustment \$ 6,500.00
 Contract 2016-2017 \$ 39,000.00

Other & Units \$ [REDACTED]
 Total \$ 39,000.00

| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
|--------------------------|-------|------|-------|----------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | Total |

| | | | | |
|-------------------|----|-----------------|----|-------------|
| Payroll: Contract | | | | \$39,000.00 |
| Sept - Aug | 12 | \$ 3,250.00 | \$ | (39,000.00) |
| | | Final check Adj | \$ | - |
| | | | \$ | - |

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000
- June 1st - June 30th liquidated damages of \$2,500
- July 1st - July 31st liquidated damages of \$5,000
- August 1st to scheduled contract start date, liquidated damages of \$7,500
- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

[REDACTED]

6/1/14
Date

[REDACTED]
Board President

[REDACTED]
Business Manager

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John "Jack" Appel, Activities Director

Cory J. Kranhold, Technology Director

Dr. Michelle K. Greseth, Special Services Director

Dr. Stephen J. Schulte, Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Tammy L. Meyer, MS Principal

Dr. April D. Moen, Elem. Principal

CONTRACT AMENDMENT 2016-2017

Name:

Certificate No.:

Issued: 3/7/2015

Expired: 7/1/2017

10-1111-011-000-110

| | | |
|--------------------|----|-----------|
| Contract 2016-2017 | \$ | 34,300.00 |
|--------------------|----|-----------|

| | | |
|-----------------|----|----------|
| Base Adjustment | \$ | 7,200.00 |
|-----------------|----|----------|

| | | |
|--------------------|----|-----------|
| Contract 2016-2017 | \$ | 41,500.00 |
|--------------------|----|-----------|

| | | |
|---------------|----|---|
| Other & Units | \$ | 4 |
|---------------|----|---|

| | |
|-------|--------------|
| Total | \$ 41,500.00 |
|-------|--------------|

| | | | | |
|--------------------------|-------|------|-------|----------|
| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
| | | | \$ | - |
| | | | \$ | - |
| | | - | \$ | - |
| | | - | \$ | - |
| | | | \$ | - |
| | | | | Total |

| | | | | | |
|----------|-------------|----|-----------------|----------|----------------|
| Payroll: | Contract | | | | \$41,500.00 |
| | Sept - June | 10 | \$ | 4,150.00 | \$ (41,500.00) |
| | | | Final check Adj | | \$ - |
| | | | | | \$ - |

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000

- June 1st - June 30th liquidated damages of \$2,500.

- July 1st - July 31st liquidated damages of \$5,000

- August 1st to scheduled contract start date, liquidated damages of \$7,500

- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

Board President

Business Manager

Date _____

TEACHER'S CONTRACT

THIS AGREEMENT, executed this 15th day of August, 2016, by and between [REDACTED] party of the first part and SISSETON SCHOOL DISTRICT 54-2, Roberts County, Sisseton, South Dakota, party of the second part, WITNESSETH:

That the party of the first part, hereby certifies that he or she is a holder of a valid certificate, Number [REDACTED] issued 6/20/2016, and expiring 7/1/2017, and that he or she is a citizen of the United States of America, is duly qualified to teach in the schools of the party of the second part, and that for and in consideration of the payment of the sum of \$40,500.00 which may be paid in twelve monthly payments of \$3,375.00 plus the adjustment of \$0 on the final check, contracts and agrees to teach in the public schools of the said school district for the full period of 180 days beginning on or about August 17, 2016, with such vacation intervals as shall be determined upon and directed by the said party of the second part, said payments to be made in warrants of the second party, drawn on its treasury, to be received and accepted at the face value thereof. Payment shall be made on the 20th day of each month or the last work day before the 20th if the 20th falls on a weekend or holiday.

Either party to this contract may terminate this agreement by tendering to the other party his or her or its resignation or cancellation or withdrawal from said contract by giving notice in writing to the other party of such termination prior to the first day of May, 2016.

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000
- June 1st - June 30th liquidated damages of \$2,500
- July 1st - July 31st liquidated damages of \$5,000
- August 1st to scheduled contract start date, liquidated damages of \$7,500
- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

It is further provided in case the party of the first part shall violate the conditions of this contract or be legally dismissed from school or have this contract terminated as hereinbefore provided, or the party of the first part's certificate should expire or be legally annulled or otherwise, then the party of the first part shall not be entitled to compensation from or after the termination of this contract as hereinbefore provided, either by resignation, dismissal or annulment of certificate, or by the parties agreeing upon the cancellation and termination of the contract.

That the party of the first part hereby acknowledges that he or she understands and knows the rules and regulations adopted by the party of the second part for payment of sick benefits to the teachers of said school system and the regulations concerning attendance at summer school and agrees to accept and be bound by the same.

Party of the first part agrees to perform the duties assigned by party of the second part. It is also agreed that party of the first part will attend such preschool meetings, institutes and teacher's professional meetings during this contract as are listed below:

[REDACTED] - attend all meetings requested

and that party of the first part will be present at the school workshop days preceding the beginning of the teaching term and closing days after the closing of the teaching term for the purpose of preparation for the beginning of the term and the proper closing of the term.

THE PARTIES AGREE that this contract is not binding upon the parties until it has been signed by the president of the school board and business manager of the school district as is provided in SDCL 13-43-4 and laws amendatory thereto, if any.

Party of the first part hereby acknowledges they will receive a copy of this agreement after all signatures have been affixed.

IN WITNESS WHEREOF, party of the first part has signed and party of the second part has caused this contract to be executed by its officers as provided by law.

Teacher Signature: [REDACTED]

By: [REDACTED] Board President

Dated August 17, 2016

[REDACTED] Business Manager

*To be presented to the school board for approval, this contract must be signed and in the hands of the school board on or before August 24, 2016.

It is hereby agreed that if negotiations relating to a final salary schedule are pending at the time this contract is finalized, the school board may issue a supplemental agreement to this contract properly executed and based on the salary schedule as finally agreed upon, and such schedule shall constitute salary applicable to this contract, but in no case shall that salary be less than the amount of this contract.

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John "Jack" Appel, Activities Director

Dr. M. Neil Terhune, Superintendent

James D. Frederick, HS Principal

Cory J. Kranhold, Technology Director

Lori A. Kuschel, Business Manager

Tammy L. Meyer, MS Principal

Dr. Michelle K. Greseth, Special Services Director

Dr. April D. Moen, Elem. Principal

CONTRACT AMENDMENT 2016-2017

Name: [REDACTED] 10-1131-031-000-111
Certificate No.: [REDACTED]
Issued: 1/6/2016
Expired: 7/1/2017
Contract 2015-2016 \$ -
Salary Increase \$ -
Contract 2016-2017 \$ 45,750.00
Other & Units \$ 730.00
Total \$ 46,480.00

| *Extra duty assignments: | Units | Rate | Total | No. Yrs. |
|--------------------------|-------|--------|-----------|----------|
| [REDACTED] | 1 | 365.00 | \$ 365.00 | 1 |
| [REDACTED] | 1 | 365.00 | \$ 365.00 | 1 |
| | | - | \$ - | |
| | | - | \$ - | |
| | | | \$ 730.00 | Total |

| | | | | |
|-------------------|-----------------|-------------|----------------|-------------|
| Payroll: Contract | | | | \$46,480.00 |
| Sept - June | 10 | \$ 4,648.00 | \$ (46,480.00) | |
| | Final check Adj | | \$ - | |
| | | | \$ - | |

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000
- June 1st - June 30th liquidated damages of \$2,500
- July 1st - July 31st liquidated damages of \$5,000
- August 1st to scheduled contract start date, liquidated damages of \$7,500
- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

[REDACTED]
9-19-16
Date

[REDACTED]
Board President
[REDACTED]
Business Manager

TEACHER'S CONTRACT

THIS AGREEMENT, executed this 21st day of November, 2016, by and between [REDACTED] party of the first part and SISSETON SCHOOL DISTRICT 54-2, Roberts County, Sisseton, South Dakota, party of the second part, WITNESSETH:

That the party of the first part, hereby certifies that he or she is a holder of a valid certificate, Number [REDACTED] issued 11/16/2016, and expiring 7/1/2017, and that he or she is a citizen of the United States of America, is duly qualified to teach in the schools of the party of the second part, and that for and in consideration of the payment of the sum of \$13,372.48 which may be paid in twelve monthly payments of \$1,910.35 plus the adjustment of \$0.03 on the final check, contracts and agrees to teach in the public schools of the said school district for the full period of 116 days beginning on or about November 21, 2016, with such vacation intervals as shall be determined upon and directed by the said party of the second part, said payments to be made in warrants of the second party, drawn on its treasury, to be received and accepted at the face value thereof. Payment shall be made on the 20th day of each month or the last work day before the 20th if the 20th falls on a weekend or holiday.

Either party to this contract may terminate this agreement by tendering to the other party his or her or its resignation or cancellation or withdrawal from said contract by giving notice in writing to the other party of such termination prior to the sixteenth day of May, 2016.

If a teacher shall after the contract due date, fail, neglect, or refuse to be further bound by the terms and conditions herein provided, and refuse to carry out the provisions of this contract on its parts or his/her part, then and in that event the District shall be entitled to recover liquidated damages. The following schedule applies:

- May 16th - May 31st liquidated damages of \$1,000
- June 1st - June 30th liquidated damages of \$2,500
- July 1st - July 31st liquidated damages of \$5,000
- August 1st to scheduled contract start date, liquidated damages of \$7,500
- First scheduled contract start date and thereafter liquidated damages will be \$10,000

Liquidated damages will be payable to the Sisseton School District. If the school board for whatever reason denies the resignation request, the amount paid by the employee for liquidated damages will be returned to the teacher.

It is further provided in case the party of the first part shall violate the conditions of this contract or be legally dismissed from school or have this contract terminated as hereinbefore provided, or the party of the first part's certificate should expire or be legally annulled or otherwise, then the party of the first part shall not be entitled to compensation from or after the termination of this contract as hereinbefore provided, either by resignation, dismissal or annulment of certificate, or by the parties agreeing upon the cancellation and termination of the contract.

That the party of the first part hereby acknowledges that he or she understands and knows the rules and regulations adopted by the party of the second part for payment of sick benefits to the teachers of said school system and the regulations concerning attendance at summer school and agrees to accept and be bound by the same.

Party of the first part agrees to perform the duties assigned by party of the second part. It is also agreed that party of the first part will attend such preschool meetings, institutes and teacher's professional meetings during this contract as are listed below:

[REDACTED] - attend all meetings requested

and that party of the first part will be present at the school workshop days preceding the beginning of the teaching term and closing days after the closing of the teaching term for the purpose of preparation for the beginning of the term and the proper closing of the term.

THE PARTIES AGREE that this contract is not binding upon the parties until it has been signed by the president of the school board and business manager of the school district as is provided in SDCL 13-43-4 and laws amendatory thereto, if any.

Party of the first part hereby acknowledges they will receive a copy of this agreement after all signatures have been affixed.

IN WITNESS WHEREOF, party of the first part has signed and party of the second part has caused this contract to be executed by its officers as provided by law.

Teacher Signature: [REDACTED]

Dated 11/28/16

SISSETON SCHOOL DISTRICT 54-2

By: [REDACTED]

Board President

[REDACTED] Business Manager

*To be presented to the school board for approval, this contract must be signed and in the hands of the school board on or before November 28, 2016.

It is hereby agreed that if negotiations relating to a final salary schedule are pending at the time this contract is finalized, the school board may issue a supplemental agreement to this contract properly executed and based on the salary schedule as finally agreed upon, and such schedule shall constitute salary applicable to this contract, but in no case shall that salary be less than the amount of this contract.

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

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Tammy L. Meyer, Interim Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Eric S. Heath, Interim MS Principal

Dr. April D. Moen, Elem. Principal

Exhibit 7 - 2016-17 Change in Budgeted Costs for Benefits

6.33 FTE newly hired teachers chose to waive their health insurance benefit for either part of or for the entire school year. This unanticipated change in benefit had a total valuation of \$34,320.

The following sheet outlines the budgeted amount of health insurance that was waived.

Waiver forms from each of these staff are also attached to show proof these teachers declined their insurance coverage benefit.

Change in Budgeted Costs for Benefits

| | |
|-------|------------------|
| | HEALTH INSURANCE |
| | <u>WAIVED</u> |
| | \$1,515 |
| | \$5,970 |
| | \$5,970 |
| | \$5,970 |
| | \$4,440 |
| | \$5,970 |
| | <u>\$4,485</u> |
| TOTAL | \$34,320 |

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



----- EMPLOYER USE ONLY -- PLEASE COMPLETE -----

☐ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

 SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☐ OTHER

| | | | | |
|-----------|----------------|----------------------------------|-----------------------------|----------------------------|
| HIRE DATE | EFFECTIVE DATE | EMPLOYMENT STATUS: FT. OR PT. | SCHOOL DISTRICT SISSETON | GROUP NUMBER 81407-047A |
|-----------|----------------|----------------------------------|-----------------------------|----------------------------|

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

| | | | | |
|--|---------------|---------------------|--|--|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF BIRTH | SOCIAL SECURITY NO. | SOC SECURITY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MEDICARE ENROLLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET - MAILING ADDRESS | | | | |
| CITY, STATE, ZIP | | | GENDER (M/F) | HOME PHONE NUMBER |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | | | |
| IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: _____ EFFECTIVE DATES: PART A: _____ PART B: _____ | | | | |

MEDICAL COVERAGE: ☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY
 PLAN OPTION: ☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE
☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE
I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

If declining coverage, please note that if you or your dependents are not covered by minimum essential coverage, you may be responsible for individual shared responsibility payments when filing your federal income tax return. Also, by declining the coverage offered by your employer, you or your dependents may not be eligible for Marketplace coverage subsidies.

DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|--------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|---|------------|---------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| INSURANCE COMPANY NAME | | INSURANCE COMPANY ADDRESS | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: _____ | | | | |
| MEDICARE ID (HIC) #: _____ EFFECTIVE DATES: PART A: _____ PART B: _____ | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or taxpayer identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE

EMPLOYEE SIGNATURE

DATE SIGNED

7/1/2017

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



----- EMPLOYER USE ONLY - PLEASE COMPLETE -----

☐ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☐ OTHER

| | | | | |
|--------------------|-----------------|--------------------------------|---------------------------|--------------------------|
| HIRE DATE: 8/17/16 | EFFECTIVE DATE: | EMPLOYMENT STATUS: FT OR PT FT | SCHOOL DISTRICT: SISSETON | GROUP NUMBER: 81407-047A |
|--------------------|-----------------|--------------------------------|---------------------------|--------------------------|

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

| | | | | |
|--|---------------|---------------------|---|---|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF BIRTH | SOCIAL SECURITY NO. | SOC SECURITY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MEDICARE ENROLLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET - MAILING ADDRESS | | | | |
| CITY, STATE, ZIP | | | | |
| MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | GENDER (M/F) | HOME PHONE NUMBER | |
| IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

MEDICAL COVERAGE: ☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY

PLAN OPTION: ☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE
☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE

I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):
☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

If declining coverage, please note that if you or your dependents are not covered by minimum essential coverage, you may be responsible for individual shared responsibility payments when filing your federal income tax return. Also, by declining the coverage offered by your employer, you or your dependents may not be eligible for Marketplace coverage subsidies.

DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO. | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|---------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|--|------------|---------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| INSURANCE COMPANY NAME | | INSURANCE COMPANY ADDRESS | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: | | | | |
| MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or taxpayer identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE

EMPLOYEE SIGNATURE

DATE SIGNED

9/6/2016

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



----- EMPLOYER USE ONLY - PLEASE COMPLETE -----

☐ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

 SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☐ OTHER

HIRE DATE: 1/6/17 EFFECTIVE DATE: EMPLOYMENT STATUS: FT OR PT: FT SCHOOL DISTRICT: SISSETON GROUP NUMBER: 81407-047A

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

| | | | | |
|--|---------------|---------------------|---|---|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF BIRTH | SOCIAL SECURITY NO. | SOC SECURITY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MEDICARE ENROLLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET - MAILING ADDRESS | | | | |
| CITY, STATE, ZIP | | | | |
| MARITAL STATUS: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | GENDER (M/F) | HOME PHONE NUMBER | |
| IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

MEDICAL COVERAGE: ☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY

PLAN OPTION: ☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE
☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE

I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):
☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

If declining coverage, please note that if you or your dependents are not covered by minimum essential coverage, you may be responsible for individual shared responsibility payments when filing your federal income tax return. Also, by declining the coverage offered by your employer, you or your dependents may not be eligible for Marketplace coverage subsidies.

DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|--------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|--|------------|---------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| INSURANCE COMPANY NAME | | INSURANCE COMPANY ADDRESS | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: | | | | |
| MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or taxpayer identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE

| | |
|--------------------|-------------|
| EMPLOYEE SIGNATURE | DATE SIGNED |
| | 12-28-16 |

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



#75.4

----- EMPLOYER USE ONLY - PLEASE COMPLETE -----

☐ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☐ OTHER

| | | | | |
|--------------------|-----------------|--------------------------------|---------------------------|--------------------------|
| HIRE DATE: 8/17/16 | EFFECTIVE DATE: | EMPLOYMENT STATUS: FT OR PT FT | SCHOOL DISTRICT: SISSETON | GROUP NUMBER: 81407-047A |
|--------------------|-----------------|--------------------------------|---------------------------|--------------------------|

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

| | | | | |
|--|---------------|---------------------|---|---|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF BIRTH | SOCIAL SECURITY NO. | SOC SECURITY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MEDICARE ENROLLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET - MAILING ADDRESS | | | | |
| CITY, STATE, ZIP | | | | |
| GENDER (M/F) | | HOME PHONE NUMBER | | |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | | | |
| IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

MEDICAL COVERAGE: ☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY

PLAN OPTION: ☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE
☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE

I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):
☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

If declining coverage, please note that if you or your dependents are not covered by minimum essential coverage, you may be responsible for individual shared responsibility payments when filing your federal income tax return. Also, by declining the coverage offered by your employer, you or your dependents may not be eligible for Marketplace coverage subsidies.

DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO. | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|---------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|--|------------|---------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| INSURANCE COMPANY NAME | | INSURANCE COMPANY ADDRESS | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: | | | | |
| MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or taxpayer identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

| | |
|---|----------------------|
| I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE | |
| EMPLOYEE SIGNATURE | DATE SIGNED: 8/30/16 |

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



----- EMPLOYER USE ONLY - PLEASE COMPLETE -----

☐ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

 SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☐ OTHER

HIRE DATE 9/17/16

EFFECTIVE DATE

EMPLOYMENT STATUS:
FT OR PT FTSCHOOL DISTRICT
SISSETONGROUP NUMBER
81407-047A

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)

DATE OF BIRTH

SOCIAL SECURITY NO.

SOC SECURITY

DISABLED?

☐ YES ☒ NO

MEDICARE

ENROLLED?

☐ YES ☒ NO

STREET - MAILING ADDRESS

CITY, STATE, ZIP

GENDER (M/F)

HOME PHONE NUMBER

MARITAL STATUS: ☒ SINGLE☐ MARRIED☐ DIVORCED☐ WIDOWED

IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B:

MEDICAL COVERAGE:

☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY

PLAN OPTION:

☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE

I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):

☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

If declining coverage, please note that if you or your dependents are not covered by minimum essential coverage, you may be responsible for individual shared responsibility payments when filing your federal income tax return. Also, by declining the coverage offered by your employer, you or your dependents may not be eligible for Marketplace coverage subsidies.

DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO. | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|---------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|--|------------|---------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| | | | | |
| INSURANCE COMPANY NAME | | INSURANCE COMPANY ADDRESS | | |
| | | | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: | | | | |
| | | | | |
| MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or taxpayer identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE

EMPLOYEE SIGNATURE

DATE SIGNED

#7.6.6

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



----- EMPLOYER USE ONLY - PLEASE COMPLETE -----

☐ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☐ OTHER

HIRE DATE: 8/14/16 EFFECTIVE DATE: EMPLOYMENT STATUS: FT OR PT: FT SCHOOL DISTRICT: SISSETON GROUP NUMBER: 81407-047A

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

| | | | | |
|--|---------------|---------------------|---|---|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF BIRTH | SOCIAL SECURITY NO. | SOC SECURITY DISABLED? | MEDICARE ENROLLED? |
| [REDACTED] | [REDACTED] | [REDACTED] | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET - MAILING ADDRESS | | | | |
| [REDACTED] | | | | |
| CITY, STATE, ZIP | | | GENDER (M/F) | HOME PHONE NUMBER |
| [REDACTED] | | | [REDACTED] | [REDACTED] |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | | | |
| IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

MEDICAL COVERAGE: ☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY

PLAN OPTION: ☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE
☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE

I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):
☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

If declining coverage, please note that if you or your dependents are not covered by minimum essential coverage, you may be responsible for individual shared responsibility payments when filing your federal income tax return. Also, by declining the coverage offered by your employer, you or your dependents may not be eligible for Marketplace coverage subsidies.

DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO. | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|---------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|--|---------------------------|----|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| INSURANCE COMPANY NAME | INSURANCE COMPANY ADDRESS | | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: | | | | |
| MEDICARE ID (HIC) #: EFFECTIVE DATES: PART A: PART B: | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or tax identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

| | |
|---|---------------------|
| I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE | |
| EMPLOYEE SIGNATURE: [REDACTED] | DATE SIGNED: 9/9/16 |

South Dakota School District Benefits Fund

HEALTH ENROLLMENT FORM



----- EMPLOYER USE ONLY - PLEASE COMPLETE -----

☒ NEW COVERAGE ☐ SPECIAL ENROLLMENT ☐ OPEN ENROLLMENT TYPE OF COVERAGE: ☒ ACTIVE EMPLOYEE

 SPECIAL ENROLLMENT REASON: ☐ MARRIAGE ☐ BIRTH/ADOPTION/PLACEMENT FOR ADOPTION ☐ DIVORCE ☐ COURT ORDERED COVERAGE
☐ RETURNING FROM MILITARY SERVICE ☐ INVOLUNTARY LOSS OF OTHER COVERAGE ☐ LEGAL GUARDIANSHIP ☒ OTHER

| | | | | |
|-----------------------|----------------|--|-----------------------------|----------------------------|
| HIRE DATE 11-21-16 | EFFECTIVE DATE | EMPLOYMENT STATUS: FT OR PT <u>FT</u> | SCHOOL DISTRICT SISSETON | GROUP NUMBER 81407-047A |
|-----------------------|----------------|--|-----------------------------|----------------------------|

EMPLOYEE INFORMATION

NOTE: UPON COMPLETION, THIS FORM REPLACES ANY AND ALL PREVIOUS ENROLLMENT FORMS

| | | | | |
|--|-----------------------------|-----------------------------------|--|--|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) [REDACTED] | DATE OF BIRTH [REDACTED] | SOCIAL SECURITY NO. [REDACTED] | SOC SECURITY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MEDICARE ENROLLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET - MAILING ADDRESS [REDACTED] | | | | |
| CITY, STATE, ZIP [REDACTED] | | | GENDER (M/F) [REDACTED] | HOME PHONE NUMBER [REDACTED] |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED | | | | |
| IF MEDICARE ENROLLED: MEDICARE ID (HIC) #: _____ EFFECTIVE DATES: PART A: _____ PART B: _____ | | | | |

 MEDICAL COVERAGE: ☐ EMPLOYEE/SINGLE ☐ EMPLOYEE + 1 ☐ FAMILY
 PLAN OPTION: ☐ \$1000 SINGLE DEDUCTIBLE ☐ \$1500 SINGLE DEDUCTIBLE ☐ \$2000 SINGLE DEDUCTIBLE
☐ \$2500 SINGLE DEDUCTIBLE ☐ \$3500 SINGLE DEDUCTIBLE

I WAIVE MEDICAL COVERAGE (PLEASE SELECT ONE):

☒ I (WE) HAVE COVERAGE UNDER ANOTHER HEALTH PLAN ☐ I (WE) DO NOT WISH TO ENROLL IN THE PLAN

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DEPENDENT INFORMATION: PLEASE INDICATE WHO YOU ARE CHOOSING TO COVER

| DEPENDENT NAME (FIRST AND LAST) | SEX M/F | DATE OF BIRTH MO/DAY/YR | SOCIAL SECURITY NO | FULL TIME STUDENT? (YES/NO) | SOCIAL SECURITY DISABLED? | MEDICARE ENROLLED? (YES/NO) |
|---------------------------------|------------|----------------------------|--------------------|-----------------------------------|---------------------------------|-----------------------------------|
| SPOUSE | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |
| DEPENDENT | | | | | | |

(LIST ADDITIONAL CHILDREN ON AN ATTACHED SHEET)

OTHER COVERAGE: PLEASE COMPLETE IF MEMBER, SPOUSE, OR DEPENDENT HAS OTHER COVERAGE

| | | | | |
|---|------------|---------------------------|---------------|----------------|
| LAST NAME | FIRST NAME | MI | POLICY NUMBER | EFFECTIVE DATE |
| INSURANCE COMPANY NAME | | INSURANCE COMPANY ADDRESS | | |
| IF MEDICARE ENROLLED: NAME OF PERSON(S) COVERED BY MEDICARE: _____ | | | | |
| MEDICARE ID (HIC) #: _____ EFFECTIVE DATES: PART A: _____ PART B: _____ | | | | |

PROVIDING SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS

In order to report my coverage status to the federal government, I understand I must provide my Social Security number or tax identification number and the Social Security numbers or tax identification numbers of all members covered under my coverage. The IRS requires the Social Security or tax identification number of the plan member and each dependent. If I do not provide the Social Security numbers or taxpayer identification numbers for this purpose, I may be subject to a \$50 penalty per violation imposed by the Internal Revenue Service.

I HAVE READ AND COMPLETED ALL OF THE INFORMATION OUTLINED ABOVE

EMPLOYEE SIGNATURE

DATE SIGNED

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John "Jack" Appel, Activities Director
Cory J Kranhold, Technology Director
Dr. Michelle K. Greseth, Special Services Director

Tammy L. Meyer, Interim Superintendent
Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal
Eric S. Heath, Interim MS Principal
Dr. April D. Moen, Elem. Principal

Exhibit 8 - 2016-17 Unanticipated Change in FTE

The Sisseton School District had an unanticipated change of 4.5 FTE teachers as these positions remained unfilled during the 2016-17 SY. These positions included the following:

- High School English (vacated at end of 2015-16 SY) – 1.0 FTE
- High School Science (vacated at end of 2014-15 SY) – 1.0 FTE
- High School Health/PE (vacated at end of 2015-16 SY) – 1.0 FTE
- Elementary Teacher (vacated at end of 2015-16 SY) – 1.0 FTE
 - Note – this position was allocated for a staff member currently employed in an elementary building in the district that closed at the end of the 2015-16 SY due to declining student enrollment. The staff member chose to resign from the position.
- Elementary Special Education Teacher (vacated at end of 2015-16 SY) – 0.5 FTE
 - Note – This position was filled by an individual completing student teaching in the building in the fall of the 2016-17 SY. This individual was hired once student teaching was complete.

The following sheet outlines the lowest salary + benefit amounts that could have been offered to teachers had these positions been filled.

Position advertisement documentation is also attached to show proof these positions were advertised and the district was seeking applicants to fill the listed positions.

Unanticipated Changes in FTE 2016-17

| <u>Position</u> | <u>FTE</u> | <u>Salary</u> | <u>Benefits</u> | <u>Salary W/Benefits</u> |
|-----------------------|------------|-----------------|-----------------|------------------------------|
| HS English | 1.0 | \$39,000 | \$11,758 | \$50,758 |
| HS Health/PE | 1.0 | \$39,000 | \$11,758 | \$50,758 |
| HS Science | 1.0 | \$39,000 | \$11,758 | \$50,758 |
| Elementary | 1.0 | \$39,000 | \$11,758 | \$50,758 |
| Elementary SpED/Title | 0.5 | <u>\$19,500</u> | <u>\$8,874</u> | <u>\$28,374</u> |
| Total | 4.5 | \$175,500 | \$35,274 | \$231,405 |

Confirmation of your posting to EdPost

8.b.1

CareerPosts@stcloudstate.edu

Mon 2/29/2016 9:55 AM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Science Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=170537>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, March 28, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 3/21/2016 7:45 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Science Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=172278>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, April 18, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Sun 4/24/2016 4:35 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Science Teacher, High School; Sisseton Public School District position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=175588>) to ensure it is posted correctly.
- The posting will stay on the website until **Sunday, May 22, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 5/23/2016 10:35 AM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Science Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=178908>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, June 20, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 2/29/2016 9:55 AM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the English Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=170536>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, March 28, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 3/21/2016 7:50 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the English Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=172282>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, April 18, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University
pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Sun 4/24/2016 4:35 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the English Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=175587>) to ensure it is posted correctly.
- The posting will stay on the website until **Sunday, May 22, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 5/23/2016 10:35 AM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the English Teacher, High School; Sisseton Public School District position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=178907>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, June 20, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 3/21/2016 7:45 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Health & PE Teacher, High School; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=172281>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, April 18, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Sun 4/24/2016 4:35 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Health & PE Teacher, High School; Sisseton Public School District position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=175590>) to ensure it is posted correctly.
- The posting will stay on the website until **Sunday, May 22, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University
pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 5/23/2016 10:35 AM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Health & PE Teacher, High School; Sisseton Public School District position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postId=178909>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, June 20, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University

pethielman@stcloudstate.edu | Phone: 320-308-2152

Confirmation of your posting to EdPost

CareerPosts@stcloudstate.edu

Mon 2/29/2016 12:40 PM

To: Meyer, Tammy <Tammy.Meyer@k12.sd.us>;

***** EdPost Auto Confirmation: Please do not use REPLY to contact us *****

This is to inform you that the Elementary Teacher; Sisseton Public School position has been posted to EdPost:

- Please view the posting at (<http://www1.stcloudstate.edu/joblistings/edpost/displayRecord.asp?postID=170571>) to ensure it is posted correctly.
- The posting will stay on the website until **Monday, March 28, 2016**. If you would like it deleted before this date, please contact me at the email address listed below.
- You will receive a confirmation each time you send a posting to EdPost. If you do not want a confirmation each time, please email me.
- Feel free to contact me with other questions you may have. Thank you.

Pat Thielman

Office Manager | Career Services Center | St. Cloud State University
pethielman@stcloudstate.edu | Phone: 320-308-2152

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John "Jack" Appel, Activities Director
Cory J Kranhold, Technology Director
Dr. Michelle K. Greseth, Special Services Director

Tammy L. Meyer, Interim Superintendent
Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal
Eric S. Heath, Interim MS Principal
Dr. April D. Moen, Elem. Principal

Exhibit 9 - Increases in Compensation for Administrative Staff

Administrative classified staff received a base hourly increase of \$0.75/hour. This budgeted increase was equal to the increase in hourly pay given to all classified staff.

Administrative certified staff received a minimum salary increase of \$4662.87. This was equal to the salary increase received by all district teachers. Two administrators received a larger salary increase to bring their salary in line with other district administrators.

The following sheet outlines administrative staff compensation for 2015-16 and 2016-17.

| Administration Comparison 2015-16 and 2016-17 | | | | | | | |
|---|-------------------|------------------|-------------------|-------------------|------------------|-------------------|-----------------|
| | 2015-16 | 2015-16 | 2015-16 SALARY | 2016-17 | 2016-17 | 2016-17 SALARY | |
| | SALARY | BENEFITS | W/BENEFITS | SALARY | BENEFITS | W/BENEFITS | SALARY CHANGE |
| | 49,645.44 | 13,332.55 | 62,977.99 | 54,308.31 | 14,071.89 | 68,380.20 | 4,662.87 |
| | 81,991.67 | 17,582.82 | 99,574.49 | 86,654.54 | 18,888.47 | 105,543.01 | 4,662.87 |
| | 63,500.00 | 14,957.00 | 78,457.00 | 70,000.00 | 16,408.49 | 86,408.49 | 6,500.00 |
| | 52,000.00 | 13,324.00 | 65,324.00 | 56,662.87 | 14,422.50 | 71,085.37 | 4,662.87 |
| | 50,000.00 | 13,040.00 | 63,040.00 | 54,662.87 | 14,124.68 | 68,787.55 | 4,662.87 |
| | 66,830.40 | 15,429.92 | 82,260.32 | 71,493.27 | 16,630.85 | 88,124.12 | 4,662.87 |
| | 64,000.00 | 15,028.00 | 79,028.00 | 70,000.00 | 16,408.49 | 86,408.49 | 6,000.00 |
| | 45,059.46 | 12,338.44 | 57,397.90 | 46,633.60 | 12,929.07 | 59,562.67 | 1,574.14 |
| | 29,640.00 | 10,148.88 | 39,788.88 | 30,780.00 | 10,568.36 | 41,348.36 | 1,140.00 |
| | <u>103,903.09</u> | <u>21,411.90</u> | <u>125,314.99</u> | <u>108,000.00</u> | <u>22,066.96</u> | <u>130,066.96</u> | <u>4,096.91</u> |
| TOTAL | \$606,570.06 | \$146,593.51 | \$753,163.57 | \$649,195.46 | \$156,519.75 | \$805,715.21 | \$42,625.40 |
| INCREASE IN SALARY & BENEFITS | | | | | | \$52,551.64 | |

SISSETON SCHOOL DISTRICT 54-2

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Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal
Eric S. Heath, Interim MS Principal
Dr. April D. Moen, Elem. Principal

Exhibit 10 - Increases in Compensation for School Support Specialists

School Support Specialists salary increase of \$4662.87. This was equal to the salary increase received by all district teachers. Positions receiving this salary increase include the following:

- School Counselors (3.0 FTE)
- School Librarian (1.12 FTE – decrease in FTE from 2015-16 to 2016-17 SY)
- Preschool Teacher (1.0 FTE) (change in assigned staff from 2015-16 to 2016-17 SY)
- School Nurse (1.0 FTE)
- Speech Language Pathologist/Speech Language Pathologist Assistant (3.0 FTE)
- Occupational Therapist Assistant (1.0 FTE)
- Technology Integrationist (0.66 FTE – new position for 2016-17 SY)

The following sheet outlines school support specialist staff compensation for 2015-16 and 2016-17.

School Support Specialists Comparison 2015-16 and 2016-17

| | 2015-16 | 2015-16 | 2015-16 SALARY | 2016-17 | 2016-17 | 2016-17 SALARY | |
|-------------------------------|------------------|------------------|------------------|------------------|--------------|----------------|-----------------|
| | SALARY | BENEFITS | W/BENEFITS | SALARY | BENEFITS | W/BENEFITS | SALARY CHANGE |
| | 43,815.15 | 12,161.75 | 55,976.90 | 48,478.02 | 13,179.48 | 61,657.50 | 4,662.87 |
| | 51,467.34 | 13,248.36 | 64,715.70 | 49,919.74 | 7,408.44 | 57,328.18 | -1,547.60 |
| | 51,794.51 | 13,294.82 | 65,089.33 | 56,457.38 | 14,363.67 | 70,821.05 | 4,662.87 |
| | 37,851.67 | 11,314.94 | 49,166.61 | 43,250.00 | 12,403.60 | 55,653.60 | 5,398.33 |
| | 32,700.00 | 10,583.40 | 43,283.40 | 39,500.00 | 11,847.08 | 51,347.08 | 6,800.00 |
| | 41,518.53 | 11,835.63 | 53,354.16 | 46,181.40 | 12,838.64 | 59,020.04 | 4,662.87 |
| | 36,295.23 | 11,093.92 | 47,389.15 | 41,500.00 | 12,143.89 | 53,643.89 | 5,204.77 |
| | 49,281.62 | 12,937.99 | 62,219.61 | 53,944.49 | 13,990.74 | 67,935.23 | 4,662.87 |
| | 42,400.19 | 11,960.83 | 54,361.02 | 47,813.06 | 13,080.79 | 60,893.85 | 5,412.87 |
| | <u>39,185.43</u> | <u>11,504.33</u> | <u>50,689.76</u> | <u>45,250.00</u> | 12,700.42 | 57,950.42 | <u>6,064.57</u> |
| TOTAL | \$426,309.67 | \$119,935.97 | \$546,245.64 | \$472,294.09 | \$123,956.75 | \$596,250.84 | \$45,984.42 |
| INCREASE IN SALARY & BENEFITS | | | | | | \$50,005.20 | |

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Lori A. Kuschel, Business Manager*

*James D. Frederick, HS Principal
Eric S. Heath, Interim MS Principal
Dr. April D. Moen, Elem. Principal*

Exhibit 11 - Increases in Compensation for Classified Staff

All classified staff received a base hourly increase of at least \$0.75/hour. Bus drivers received an increase of \$1.75/hr.

The allocations equated to a total budgeted increase in salary of \$103,975. With benefits, the budgeted increase in classified staff for the 2016-17 SY was equal to \$121,484.

New staff hired in 2016-17 received a base increase of \$0.25/hour.

The following sheet outlines staff hourly rates for 2015-16 and 2016-17.

| Non-Certified Comparison 2015-16 and 2016-17 | | | | | | |
|--|---------|----------|------------|---------|----------|------------|
| | 2015-16 | 2015-16 | 2015-16 | 2016-17 | 2016-17 | 2016-17 |
| JOB | HOURLY | ANNUAL | W/BENEFITS | HOURLY | ANNUAL | W/BENEFITS |
| Custodian | \$11.00 | \$27,170 | \$36,968 | \$11.75 | \$29,023 | \$39,129 |
| Business Office Asst. | \$13.00 | \$27,040 | \$30,880 | \$13.75 | \$28,600 | \$32,661 |
| Paraprofessional | \$10.00 | \$12,600 | \$14,389 | \$10.75 | \$13,545 | \$15,468 |
| Paraprofessional | \$12.46 | \$15,700 | \$23,869 | \$13.21 | \$16,645 | \$24,993 |
| Paraprofessional | \$11.49 | \$15,443 | \$23,575 | \$12.24 | \$16,451 | \$24,772 |
| Mechanic | \$17.50 | \$43,255 | \$55,337 | \$18.25 | \$45,078 | \$57,464 |
| Business Office Asst. | \$13.41 | \$27,893 | \$37,794 | \$14.16 | \$29,453 | \$39,620 |
| Custodian | \$10.25 | \$25,318 | \$34,853 | \$11.00 | \$27,170 | \$37,013 |
| Paraprofessional | \$10.00 | \$12,600 | \$20,329 | \$10.75 | \$13,545 | \$21,453 |
| 3.5 Hr Cook | \$10.25 | \$6,027 | \$6,883 | \$11.00 | \$6,468 | \$7,386 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Paraprofessional | \$12.29 | \$15,485 | \$23,624 | \$13.04 | \$16,430 | \$24,749 |
| Custodian | \$14.49 | \$35,790 | \$46,813 | \$15.24 | \$37,643 | \$48,973 |
| Custodian | \$14.77 | \$36,482 | \$47,602 | \$15.52 | \$38,334 | \$49,763 |
| Home School Coordinator | \$12.25 | \$15,680 | \$17,907 | \$13.00 | \$16,640 | \$19,003 |
| Paraprofessional | \$10.00 | \$12,600 | \$14,389 | \$10.75 | \$13,545 | \$15,468 |
| Paraprofessional | \$12.24 | \$15,422 | \$17,612 | \$12.99 | \$16,367 | \$18,692 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Paraprofessional | \$12.24 | \$15,422 | \$23,552 | \$12.99 | \$16,367 | \$24,677 |
| FT Cook | \$11.00 | \$12,936 | \$20,713 | \$11.75 | \$13,818 | \$21,765 |
| WASP | \$11.00 | \$1,848 | \$2,110 | \$11.75 | \$1,974 | \$2,254 |
| FT Cook | \$10.75 | \$12,642 | \$14,437 | \$11.50 | \$13,524 | \$15,444 |
| Secretary | \$11.75 | \$24,440 | \$27,910 | \$12.50 | \$26,000 | \$29,692 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Paraprofessional | \$10.00 | \$12,600 | \$14,389 | \$10.75 | \$13,545 | \$15,468 |
| Paraprofessional | \$11.25 | \$14,175 | \$22,128 | \$12.00 | \$15,120 | \$23,252 |
| Bus Driver | \$16.30 | \$13,692 | \$15,636 | \$18.05 | \$15,162 | \$17,315 |
| Paraprofessional | \$10.25 | \$12,915 | \$20,689 | \$11.00 | \$13,860 | \$21,813 |
| FT Cook | \$11.25 | \$13,230 | \$21,049 | \$12.00 | \$14,112 | \$22,101 |
| FT Cook | \$15.50 | \$18,228 | \$26,756 | \$16.25 | \$19,110 | \$27,809 |
| WASP | \$15.50 | \$14,322 | \$16,356 | \$16.25 | \$15,015 | \$17,147 |
| Paraprofessional | \$12.24 | \$16,451 | \$24,727 | \$12.99 | \$17,459 | \$25,923 |
| 3.5 Hr Cook | \$10.25 | \$6,027 | \$6,883 | \$11.00 | \$6,468 | \$7,386 |
| Paraprofessional | \$11.00 | \$13,860 | \$21,768 | \$11.75 | \$14,805 | \$22,892 |
| Paraprofessional | \$10.50 | \$13,230 | \$21,049 | \$11.25 | \$14,175 | \$22,173 |
| Paraprofessional | \$10.00 | \$12,600 | \$20,329 | \$10.75 | \$13,545 | \$21,453 |
| Paraprofessional | \$10.00 | \$12,600 | \$20,329 | \$10.75 | \$13,545 | \$21,453 |
| Paraprofessional | \$10.00 | \$12,600 | \$20,329 | \$10.75 | \$13,545 | \$21,453 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Supt. Secretary | \$12.81 | \$26,645 | \$36,368 | \$13.56 | \$28,205 | \$38,195 |
| Paraprofessional | \$10.25 | \$12,915 | \$14,749 | \$11.00 | \$13,860 | \$15,828 |
| Secretary | \$12.52 | \$18,028 | \$26,528 | \$13.27 | \$19,109 | \$27,807 |
| Paraprofessional | \$11.26 | \$14,188 | \$16,202 | \$12.01 | \$15,133 | \$17,281 |
| Paraprofessional | \$10.00 | \$12,600 | \$20,329 | \$10.75 | \$13,545 | \$21,453 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Paraprofessional | \$11.25 | \$14,175 | \$22,128 | \$12.00 | \$15,120 | \$23,252 |
| Paraprofessional | \$12.52 | \$15,775 | \$23,955 | \$13.27 | \$16,720 | \$25,079 |
| Custodian | \$12.41 | \$30,653 | \$40,945 | \$13.16 | \$32,505 | \$43,106 |
| Custodian | \$13.65 | \$33,716 | \$44,443 | \$14.40 | \$35,568 | \$46,604 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Paraprofessional | \$11.25 | \$16,200 | \$24,440 | \$12.00 | \$17,280 | \$25,719 |
| Secretary | \$11.79 | \$16,978 | \$25,328 | \$12.54 | \$18,058 | \$26,607 |
| Home School Coordinator | \$12.25 | \$16,680 | \$19,049 | \$13.00 | \$17,640 | \$20,145 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| FT Cook | \$11.00 | \$12,936 | \$20,713 | \$11.75 | \$13,818 | \$21,765 |
| Bus Dispatch | \$11.00 | \$1,848 | \$2,110 | \$11.75 | \$1,974 | \$2,254 |
| Home School Coordinator | \$12.00 | \$7,200 | \$8,222 | \$12.75 | \$7,650 | \$8,736 |
| FT Cook | \$10.00 | \$10,920 | \$18,411 | \$10.75 | \$12,642 | \$20,422 |
| Bookkeeper | \$15.25 | \$31,720 | \$42,164 | \$16.00 | \$33,280 | \$43,991 |
| Secretary | \$11.25 | \$23,400 | \$32,663 | \$12.00 | \$24,960 | \$34,489 |
| Paraprofessional | \$10.25 | \$12,915 | \$20,689 | \$11.00 | \$13,860 | \$21,813 |
| 3.5 Hr Cook | \$10.25 | \$6,027 | \$6,883 | \$11.00 | \$6,468 | \$7,386 |

| | | | | | | |
|------------------------------|---------|-------------|-------------|---------|-------------|-------------|
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| WASP | \$10.00 | \$2,520 | \$2,878 | \$10.75 | \$2,709 | \$3,094 |
| Paraprofessional | \$11.00 | \$13,860 | \$15,828 | \$11.75 | \$14,805 | \$16,907 |
| Paraprofessional | \$10.00 | \$12,600 | \$20,329 | \$10.75 | \$13,545 | \$21,453 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Bus Driver | \$16.30 | \$13,692 | \$15,636 | \$18.05 | \$15,162 | \$17,315 |
| Home School Coordinator | \$12.00 | \$15,360 | \$17,541 | \$12.75 | \$16,320 | \$18,637 |
| Custodian | \$18.44 | \$45,547 | \$57,954 | \$19.19 | \$47,399 | \$60,115 |
| Paraprofessional | \$11.00 | \$13,860 | \$21,768 | \$11.75 | \$14,805 | \$22,892 |
| 3.5 Hr Cook | \$12.40 | \$7,291 | \$8,327 | \$13.15 | \$7,732 | \$8,830 |
| Custodian | \$13.65 | \$33,716 | \$44,443 | \$14.40 | \$35,568 | \$46,604 |
| Paraprofessional | \$11.25 | \$14,175 | \$22,128 | \$12.00 | \$15,120 | \$23,252 |
| Secretary | \$10.25 | \$13,776 | \$21,672 | \$11.00 | \$14,784 | \$22,868 |
| Home School Coordinator | \$10.00 | \$12,800 | \$14,618 | \$10.75 | \$13,760 | \$15,714 |
| Bus Driver | \$16.30 | \$13,692 | \$15,636 | \$18.05 | \$15,162 | \$17,315 |
| Bus Driver | \$16.30 | \$13,692 | \$21,576 | \$18.05 | \$15,162 | \$23,300 |
| Custodian | \$12.46 | \$30,776 | \$41,086 | \$13.21 | \$32,629 | \$43,247 |
| Paraprofessional | \$11.25 | \$14,175 | \$22,128 | \$12.00 | \$15,120 | \$23,252 |
| Secretary | \$12.81 | \$26,645 | \$30,428 | \$13.56 | \$28,205 | \$32,210 |
| 3.5 Hr Cook | \$10.00 | \$5,880 | \$6,715 | \$10.75 | \$6,321 | \$7,219 |
| 3.5 Hr Cook | \$10.00 | \$5,880 | \$6,715 | \$10.75 | \$6,321 | \$7,219 |
| Paraprofessional | \$10.00 | \$12,600 | \$14,389 | \$10.75 | \$13,545 | \$15,468 |
| Custodian | \$10.25 | \$25,318 | \$34,853 | \$11.00 | \$27,170 | \$37,013 |
| FT Cook | \$11.73 | \$13,794 | \$21,693 | \$12.48 | \$14,676 | \$22,745 |
| Custodian | \$12.24 | \$30,233 | \$40,466 | \$12.99 | \$32,085 | \$42,626 |
| Paraprofessional | \$11.25 | \$14,175 | \$22,128 | \$12.00 | \$15,120 | \$23,252 |
| Paraprofessional | \$12.24 | \$15,422 | \$23,552 | \$12.99 | \$16,367 | \$24,676 |
| Title 7 Director | \$16.75 | \$14,740 | \$16,833 | \$17.50 | \$15,400 | \$17,587 |
| Paraprofessional | \$11.26 | \$14,188 | \$22,142 | \$12.01 | \$15,133 | \$23,266 |
| 3.5 Hr Cook | \$14.26 | \$8,385 | \$9,576 | \$15.01 | \$8,826 | \$10,079 |
| Paraprofessional | \$12.24 | \$15,422 | \$23,552 | \$12.99 | \$16,367 | \$24,677 |
| TOTAL | | \$1,531,281 | \$2,111,063 | | \$1,635,256 | \$2,232,547 |
| INCREASE IN WAGES & BENEFITS | | | | | \$103,975 | \$121,484 |

Salary Schedule – For Hiring Purposes Only 2015-16

The Board proposes the following Salary Schedule for hiring purposes only. 2015-16

| | | 750.00 | 1,000.00 | 1,000.00 | 1,500.00 | 1,000.00 | 1,000.00 | |
|------------------------|--------|--------|---------------|----------|----------|----------|----------|------------|
| YEARS OF EXPERIENCE | BA | BA+16 | MAE/ BA+32 | MAE+16 | MA | MA+16 | MA+32 | |
| 0 | 32,500 | 33,250 | 34,250 | 35,250 | 36,750 | 37,750 | 38,750 | |
| 1 | 32,700 | 33,450 | 34,450 | 35,450 | 36,950 | 37,950 | 38,950 | Plus \$200 |
| 2 | 33,000 | 33,750 | 34,750 | 35,750 | 37,250 | 38,250 | 39,250 | |
| 3 | 33,300 | 34,050 | 35,050 | 36,050 | 37,550 | 38,550 | 39,550 | Plus \$300 |
| 4 | 33,800 | 34,550 | 35,550 | 36,550 | 38,050 | 39,050 | 40,050 | |
| 5 | 34,300 | 35,050 | 36,050 | 37,050 | 38,550 | 39,550 | 40,550 | Plus \$500 |

Board reserves the right to go over and above schedule when they deem it necessary.

Salary Schedule – For Hiring Purposes Only 2016-17

The Board proposes the following Salary Schedule for hiring purposes only. 2016-17

| | | 750.00 | 1,000.00 | 1,000.00 | 1,500.00 | 1,000.00 | 1,000.00 | |
|------------------------|--------|--------|---------------|----------|----------|----------|----------|------------|
| YEARS OF EXPERIENCE | BA | BA+16 | MAE/ BA+32 | MAE+16 | MA | MA+16 | MA+32 | |
| 0 | 39,000 | 39,750 | 40,750 | 41,750 | 43,250 | 44,250 | 45,250 | |
| 1 | 39,500 | 40,250 | 41,250 | 42,250 | 43,750 | 44,750 | 45,750 | Plus \$500 |
| 2 | 40,000 | 40,750 | 41,750 | 42,750 | 44,250 | 45,250 | 46,250 | Plus \$500 |
| 3 | 40,500 | 41,250 | 42,250 | 43,250 | 44,750 | 45,750 | 46,750 | Plus \$500 |
| 4 | 41,000 | 41,750 | 42,750 | 43,750 | 45,250 | 46,250 | 47,250 | Plus \$500 |
| 5 | 41,500 | 42,250 | 43,250 | 44,250 | 45,750 | 46,750 | 47,750 | Plus \$500 |

Board reserves the right to go over and above schedule when they deem it necessary.

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Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John 'Jack' Appel, Activities Director

Cory J. Kranhold, Technology Director

Dr. Michelle K. Greseth, Special Services Director

Dr. Stephen J. Schulte, Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Tammy L. Meyer, MS Principal

Dr. April D. Moen, Elem. Principal

2015-16

NEW EMPLOYEE INFORMATION

Benefits

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|--------------------------------|--|
| <u>Health Insurance:</u> | \$495.00 per month for a total of \$5,940.00 towards insurance premium. Insurance begins October 1 st . |
| <u>Life Insurance:</u> | Basic (\$10,000 policy) and Supplemental life insurance for yourself, spouse and children – employee paid |
| <u>Retirement:</u> | 6% individual investment (direct deposit), District matches 6% |
| <u>Dental Insurance:</u> | Insurance available – employee paid; Single \$45.70, Family \$118.36 |
| <u>Flex Plan:</u> | Available to all employees – fee is paid by the District |
| <u>Personal Leave:</u> | 2 days personal leave that if not used can be paid with the June payroll at a rate of \$115.00 per day. The days can also be carried over for one year but have to be used and will not be paid out. |
| <u>Sick Leave:</u> | 10 days per year – unlimited accumulation |
| <u>Funeral Leave:</u> | 2 days per year – not accumulative. Additional leave of 3 days can be used from sick leave. |
| <u>Summer School Teaching:</u> | Paid at \$20.00 per hour |
| <u>Sign-on Bonus:</u> | \$1,500 for teachers signing their first contract with the District – paid in September |
| <u>After-School Tutoring:</u> | Paid on an hourly rate. Base salary/180/8 hours. |
| <u>Workshop Compensation:</u> | Workshops outside of required workshops or in-services will be paid \$15.00 per hour. Instructors will be paid \$40.00 per hour. |
| <u>Administrative Leave:</u> | 3 days per year |

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| Health Insurance | \$ 5,940.00 |
| Retirement (based on \$32,500 base) | \$ 1,950.00 |
| Flex Plan | \$ 60.00 |
| Sign-on Bonus | \$ 1,500.00 |
| Total Benefit Package | \$ 9,450.00 |

SISSETON SCHOOL DISTRICT 54-2

516 8th Avenue West

Sisseton, SD 57262

Phone (605) 698-7613 Fax (605) 698-3032

www.sisseton.k12.sd.us

John 'Jack' Appel, Activities Director

Cory J. Kranhold, Technology Director

Dr. Michelle K. Greseth, Special Services Director

Walter M. Leipart, Interim Superintendent

Lori A. Kuschel, Business Manager

James D. Frederick, HS Principal

Tammy L. Meyer, MS Principal

Dr. April D. Moen, Elem. Principal

2016-17

NEW EMPLOYEE INFORMATION

Benefits

| | |
|--------------------------------|---|
| <u>Health Insurance:</u> | \$495.00 per month for a total of \$5,940.00 towards insurance premium. Insurance begins September 1 st . |
| <u>Life Insurance:</u> | Basic (\$10,000 policy) and Supplemental life insurance for yourself, spouse and children – employee paid |
| <u>Retirement:</u> | 6% individual investment (direct deposit), District matches 6% |
| <u>Dental Insurance:</u> | Insurance available – employee paid; Single \$45.70, Family \$118.36 |
| <u>Flex Plan:</u> | Available to all employees – fee is paid by the District |
| <u>Personal Leave:</u> | 2 days personal leave that if not used can be paid with the June payroll at a rate of \$115.00 per day. The days can also be carried over for one year but have to be used and will not be paid out. |
| <u>Sick Leave:</u> | 10 days per year – unlimited accumulation |
| <u>Funeral Leave:</u> | 2 days per year – not accumulative. Additional leave of 3 days can be used from sick leave. |
| <u>Summer School Teaching:</u> | Paid at \$20.00 per hour |
| <u>Sign-on Bonus:</u> | \$3,000 total will be paid to teachers signing their first contract with the District, with payments of \$1,000 each year for 3 consecutive years if the teacher remains in the District – paid in September of each year |
| <u>After-School Tutoring:</u> | Paid on an hourly rate. Base salary/180/8 hours. |
| <u>Workshop Compensation:</u> | Workshops outside of required workshops or in-services will be paid \$15.00 per hour. Instructors will be paid \$40.00 per hour. |
| <u>Administrative Leave:</u> | 3 days per year |

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|-------------------------------------|--------------------|
| Health Insurance | \$ 5,940.00 |
| Retirement (based on \$39,000 base) | \$ 2,340.00 |
| Flex Plan | \$ 60.00 |
| Sign-on Bonus | <u>\$ 3,000.00</u> |
| Total Benefit Package | \$11,340.00 |