

Appendix C



Teacher Salary Statement Cass School District 63

| | | |
|----------------------|---------------------------|------------------------------|
| Name | Years in District* | Total Years Teaching* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|---------------------------|----------------------|--------------------------------------|
| 1st Year of Tenure | Salary Lane | Grad Hours Beyond Salary Lane |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Counting the upcoming school year

| | |
|--------------------|----------------------|
| Base Salary | <input type="text"/> |
|--------------------|----------------------|

| | |
|---------------------------------------|----------------------|
| Extra Duty/Stipend (Timesheet) | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

| | |
|----------------------------------|----------------------|
| Total 2023-24 Year Salary | <input type="text"/> |
|----------------------------------|----------------------|

| | |
|-------------------------------------|----------------------|
| Daily Rate (Base Salary/180) | <input type="text"/> |
|-------------------------------------|----------------------|

| | |
|----------------------------------|----------------------|
| Required TRS Contribution | <input type="text"/> |
|----------------------------------|----------------------|

I prefer my salary paid over: **10 Months** **12 Months** (please circle preference)

Disclaimer and Verification

Based on the provisions of Article VIII of the current Collective Bargaining Agreement, this is the computation of salary for the school year. These figures include additional compensation for any known extra-duty responsibilities. Should your responsibilities change, your salary will be adjusted accordingly. It is each staff member's responsibility to review and verify the accuracy of all information, sign, and return one copy of this form to the District office. Any errors or omissions that result in incorrect compensation will not be adjusted beyond the current school year.

Teacher Signature

Superintendent Signature

Date

Date