

AGENCY NAME: IRVINE UNIFIED (3073650)

- Percentage Change from 2009-10: 0%
- One-time or "Off the Schedule" Across the Board Bonus: 0.00
- Any Contingency Language in your Collective Bargaining Agreement that could Retroactively Increase/Decrease your 2010-11 Teachers Salary Schedule? (Yes/No): N
- Number of Scheduled/Required Service or Work Days for Returning Teachers: 179
- Number of Teacher Instructional Days: 177
- Does Your District's Salary Schedule Include Health & Welfare Benefits Amounts? N
- Effective Date of the 2010-11 Certificated Salary Schedule: 07/01/2010
- Highest Entry Level Step for an Experienced Teacher: Step 13 Column 5
- Highest Entry Level Step for an Emergency / Credential Teacher: Step 5 Column 1
- Number of FTEs with an Emergency Credential: 10.92
- Summer School Classroom Teacher Pay Rate:
 - Hourly \$30 Daily \$0 Session \$0
 - Summer School Teacher Pay Rate Explanation:
 - 0-5yrs=\$30/hr; 6-10yrs=\$32/hr; 11-15yrs=\$34/hr;>15yrs=\$36/hr
- Number of Charter School FTE included on the Salary Schedule: N/A
- Other Professionals Paid from the Same Salary Schedule:
 - Counselor N Psychologist N Nurse Y Librarian Y
- Certificated Bargaining Unit Salary Enhancements:

	% or Amount	FTE
Masters Degree	\$2,088	656.146
Doctorate Degree	0	0
Special Education Assignment	0	0
Bilingual Assignment	0	0
CLAD Certificate	0	0
BCLAD Certificate	0	0
National Teacher Certification	0	0
Speech License	\$2,088	14.3
CA Spch Lic + Cred	\$7,174	25.1
	0	
	0	
- Do these bonuses increase automatically as across-the-board increases are applied to the salary schedule?: N
- Other Salary and Service Day Information:

	Salary	Days
Elementary School Principals	\$109,913	205.4
Middle School Principals	\$114,353	205.4
High School Principals	\$128,780	220.1
Superintendent	\$227,784	239.6
Percent for less than full-time Superintendent:		0%
- Name of the agency if the district purchases health plans through a joint powers authority or trust: *Self-insured - none*
- Age or Number of Years a Retiree Receives Health and Welfare Benefits: 65 years of age
- Retires with any Health and Welfare Benefits Provided for Life? (Yes/No): N
- Health and Welfare Benefit Maximums for Active FTEs:
 - Maximum Contribution for a Cafeteria Plan 0
 - Maximum Contribution for a Employee Only Plan 9,622
 - Maximum Contribution for a Two-Party Plan 9,622
 - Maximum Contribution for a Family Plan 9,622
 - Indicate whether the Health and Welfare Benefit Maximums are Hard Caps or Soft Caps: N/A
- Date of latest actuarial study for its post-employment benefits: 6/30/2009
- Unfunded liability amount as reported in the study: 45,501,800

CERTIFICATED TEACHER SALARY SCHEDULE WITH PLACEMENT, 2010-11 (FORM J-90)

AGENCY CODE	AGENCY NAME	TOTAL SALARIES		TOTAL F.T.E.		AVERAGE SALARY FROM SALARY SCHEDULE				
3073650	IRVINE UNIFIED	82,127,977		1,131.10		72,609				
CLASS I			CLASS II		CLASS III		CLASS IV		CLASS V	
EMERG CRED			BA+CRED		BA+45		BA+60		BA+75	
STEP	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E	ANNUAL SALARY	F.T.E
1	39,922	6.92	47,304	12.82	48,016	9.04	49,158	3.67	51,916	4.70
2	42,048	0.00	48,016	5.34	49,158	3.85	51,445	4.00	53,863	3.48
3	44,177	1.00	49,158	10.03	51,445	12.63	54,303	11.50	55,863	5.80
4	46,302	0.00	50,874	6.80	54,303	13.17	56,590	13.27	58,191	11.37
5	48,468	1.00	53,133	13.43	57,162	27.69	58,419	9.80	60,518	27.92
6	48,468	0.00	54,699	5.49	58,419	11.20	59,562	17.60	62,845	20.40
7	48,468	0.00	57,027	5.57	59,562	18.79	61,734	13.44	65,172	29.33
8	48,468	2.00	60,367	4.40	61,734	14.80	64,020	7.22	68,810	33.21
9	48,468	0.00	60,367	1.00	64,306	3.60	66,336	8.00	72,301	28.14
10	48,468	0.00	60,367	0.00	64,306	5.00	71,298	7.80	73,901	25.20
11	48,468	0.00	60,367	3.60	64,306	4.51	71,298	8.00	75,065	35.00
12	48,468	0.00	60,367	0.00	64,306	2.00	71,298	5.40	76,229	19.60
13	48,468	0.00	60,367	2.80	64,306	2.00	71,298	4.80	77,393	20.97
14	48,468	0.00	60,367	3.00	64,306	3.00	71,298	3.00	77,393	26.80
15	48,468	0.00	60,367	2.47	64,306	3.00	71,298	5.50	77,393	25.14
16	48,468	0.00	63,318	3.80	66,988	1.00	74,251	6.00	79,183	21.85
17	48,468	0.00	63,318	1.00	66,988	1.00	74,251	4.50	79,183	18.20
18	48,468	0.00	63,318	1.00	66,988	1.00	74,251	5.00	79,183	17.60
19	48,468	0.00	66,271	0.00	69,945	2.00	77,202	2.00	80,883	12.10
20	48,468	0.00	66,271	0.82	69,945	0.00	77,202	5.00	80,883	25.20
21	48,468	0.00	66,271	1.00	69,945	0.00	77,202	2.00	80,883	23.82
22	48,468	0.00	69,223	0.00	72,896	3.00	81,318	4.00	83,794	17.20
23	48,468	0.00	69,223	0.00	72,896	0.00	81,318	1.00	83,794	21.44
24	48,468	0.00	69,223	0.00	72,896	1.00	81,318	3.00	83,794	19.62
25	48,468	0.00	72,176	0.00	75,846	1.00	83,108	3.80	86,739	27.00
26	48,468	0.00	72,176	1.00	75,846	0.00	83,108	2.00	86,739	21.82
27	48,468	0.00	77,603	2.00	81,274	1.00	88,534	20.00	92,163	163.32
28	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
29	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
30	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
31	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
32	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
33	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
34	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
35	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
36	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
37	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
38	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
39	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
40	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

CERTIFICATED BARGAINING UNIT BENEFIT SCHEDULE (ACTIVE EMPLOYEES), 2010-11

<u>AGENCY CODE</u>	<u>AGENCY NAME</u>
3073650	IRVINE UNIFIED

<u>Benefit Plans:</u>	<u>Single Party Plan</u>	<u>Two-Party Plan</u>	<u>Family Plan</u>	<u>Composite Plan</u>
HEALTH				
Hlth/Dental/Vision/Life/Disabi				
Annual Cost of Plan:	9622.00	11822.00	12262.00	0.00
District Contribution:	9622.00	9622.00	9622.00	0.00
Number of FTE's:	533.00	228.00	434.00	0.00

CERTIFICATED BARGAINING UNIT BENEFIT SCHEDULE (RETIRED EMPLOYEES, 65 OR YOUNGER), 2010-11

AGENCY CODE	AGENCY NAME
3073650	IRVINE UNIFIED

Benefit Plans:	Single Party Plan	Two-Party Plan	Family Plan	Composite Plan
HEALTH				
Retiree Health/Dental HMO				
Annual Cost of Plan:	9622.00	19018.00	39879.00	0.00
District Contribution:	9622.00	9622.00	9622.00	0.00
Number of FTE's:	4.00	11.00	0.00	0.00
Retiree Health/Dental PPO				
Annual Cost of Plan:	9622.00	20431.00	43128.00	0.00
District Contribution:	9622.00	9622.00	9622.00	0.00
Number of FTE's:	129.00	11.00	0.00	0.00