

# 2015 Supt Salary & Benefits Survey

Welcome to the annual Arizona School Boards Association Superintendent Salary & Benefits Survey.

*Please coordinate the submittal of one survey per District between the Superintendent, HR, and/or the Superintendent's Assistant.*

The information you provide helps ASBA provide useful and current information to boards conducting superintendent searches and to districts who are negotiating their superintendent contracts.

All questions are asked from the perspective of the school superintendent.

**The survey will close on Friday, August 28, 2015.**

## **\*1. Name of District**

## **\*2. County**

## **\*3. District Type**

- Elementary School District - ESD (K-8)
- Unified School District - USD (K-12)
- Union High School District - UHSD (9-12)
- JTED
- Charter
- Other, please specify

## **\*4. District Location**

- Urban
- Suburban (near large city)
- Rural
- Rural and Remote

## **\*5. How do you perceive the economic condition of your district?**

- Strong Economic Condition of the District
- Stable Economic Condition of the District
- Declining Economic Condition of the District

# 2015 Supt Salary & Benefits Survey

## \*6. Number of Students - ADM

- |                                     |                                 |  |
|-------------------------------------|---------------------------------|--|
| <input type="radio"/> Less than 300 | <input type="radio"/> 3001-4000 | <input type="radio"/> 8001-9000          |
| <input type="radio"/> 301-600       | <input type="radio"/> 4001-5000 | <input type="radio"/> 9001-10000         |
| <input type="radio"/> 601-1000      | <input type="radio"/> 5001-6000 | <input type="radio"/> 10001-15000        |
| <input type="radio"/> 1001-2000     | <input type="radio"/> 6001-7000 | <input type="radio"/> 15001-25000        |
| <input type="radio"/> 2001-3000     | <input type="radio"/> 7001-8000 | <input type="radio"/> Greater than 25000 |

## \*7. Highest Earned Degree

- Bachelor's       Master's       Doctorate

## \*8. Tenure as superintendent in current district.

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="radio"/> Less than one Year | <input type="radio"/> 4 Years       | <input type="radio"/> 16 - 20 Years |
| <input type="radio"/> 1 Year             | <input type="radio"/> 5 Years       | <input type="radio"/> 21 - 25 Years |
| <input type="radio"/> 2 Years            | <input type="radio"/> 6 - 10 Years  | <input type="radio"/> 26+ Years     |
| <input type="radio"/> 3 Years            | <input type="radio"/> 11 - 15 Years |                                     |

## \*9. Total number of years as a superintendent in all districts served.

- |  |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| <input type="radio"/> 0 - This is my first Superintendency | <input type="radio"/> 3 Years      | <input type="radio"/> 11 - 15 Years |
| <input type="radio"/> Less than one Year                   | <input type="radio"/> 4 Years      | <input type="radio"/> 16 - 20 Years |
| <input type="radio"/> 1 Year                               | <input type="radio"/> 5 Years      | <input type="radio"/> 21 - 25 Years |
| <input type="radio"/> 2 Years                              | <input type="radio"/> 6 - 10 Years | <input type="radio"/> 26+ Years     |

## \*10. Gender

- Male       Female

# 2015 Supt Salary & Benefits Survey

**\* 11. Your Base Annual Salary 2015 - 2016**

\$

**\* 12. Please verify your Base Annual Salary 2015 - 2016**

\$

**\* 13. Number of Contracted Days Worked Per School Year**

# Contract Days

**\* 14. Your percentage increase/(decrease) over the last fiscal year.**

*(Enter a figure such as 3.0 to indicate a 3% increase. Enter 0 if no increase was received.)*

**\* 15. Does your contract include a "Pay for Performance" component?**

- Yes, it is paid in addition to my base salary.       Yes, it can bring me up to the base salary if earned.       No. This is not part of my contract.

**\* 16. What percent of your base salary is the pay for performance?**

*(Enter a numerical figure to indicate the percentage.)*

**\* 17. My "pay for performance" goals are...**

	The same as my goals	Not the same as my goals	Not Applicable
District Goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governing Board Goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 18. Is your formal performance evaluation linked to student outcomes/performance?**

- Yes  
 No

**\* 19. Superintendent's Pay for Performance Bonus Amount Received for 2014-2015 school year:**

- I received a bonus for the 2014-2015 school year  
 I was eligible for but did not receive a bonus for the 2014-2015 school year  
 I was not eligible to receive a bonus for the 2014-2015 school year

**\* 20. My 2014-2015 pay-for-performance bonus was: *(Indicate 0 if no bonus was given.)***

\$

# 2015 Supt Salary & Benefits Survey

**\*21. My 2014-2015 Total Compensation (Base Salary + Pay For Performance Bonus) was:**

**\*22. Please verify your 2014-2015 Total Compensation.**

**\*23. Remaining Length of Current Contract (including current year)**

- 3 Years left on my Contract
- 2 Years left on my Contract
- This is the last year of my Contract
- Other, please specify

**\*24. What was the original length of the contract you are now under?**

- 3 Years
- 2 Years
- 1 Year
- Other, please specify

**\*25. Are you currently hired under a 3rd party contract?**

- Yes
- No

**\*26. Do you personally pay the Arizona State Retirement fee?**

- Yes
- No
- Not Applicable

**\*27. Who pays the third party administration fee?**

- I pay the fee.
- The district pays the fee.
- Not applicable.
- Other, please specify



# 2015 Supt Salary & Benefits Survey

**\*28. Days Off: Identify the number of days/school year, as applicable.**  
*(Indicate "N/A" for those forms of time-off that your district does not utilize.)*

A1) Maximum number of annual vacation days allowable	<input type="text"/>
A2) Current number of annual vacation days I receive	<input type="text"/>
B1) Maximum number of annual sick &/or personal days allowable	<input type="text"/>
B2) Current number of annual sick &/or personal I receive	<input type="text"/>
C1) Maximum number of annual PTO days allowable	<input type="text"/>
C2) Current number of annual PTO days, I receive	<input type="text"/>

**\*29. Days Off: Identify roll-over limitations, if any:**

	NOT APPLICABLE. We don't use this form of time-off	Roll-over of Days is Allowed	Roll-over of Days is <u>not</u> Allowed
Vacation Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PTO Bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Identify specific limitations of any form of roll-over.

**\*30. Days Off: Identify caps**

	NOT APPLICABLE. We don't use this form of time-off	Our District DOES Cap the number of days I can roll over	Our District DOES NOT Cap the number of days I can roll over
Vacation Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PTO Bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*31. Days Off: Identify Maximum # of Days Allowable for Roll-over.**  
*(Indicate N/A for each form of time-off not used by your district.)*

Vacation Days	<input type="text"/>
Sick Days	<input type="text"/>
Personal Days	<input type="text"/>
PTO Bank	<input type="text"/>

# 2015 Supt Salary & Benefits Survey

**\*32. The District pays for the following benefit options: (check all that apply)**

	Employee Only	Employee & Spouse	Employee & Family	Not Offered at All
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Sheltered Annuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

**33. The district offers a cash incentive to decline health care coverage.**

- Yes
- No

**\*34. Does the district fund a ...**

	Yes	No
401k	<input type="radio"/>	<input type="radio"/>
403b	<input type="radio"/>	<input type="radio"/>
457b	<input type="radio"/>	<input type="radio"/>

**\*35. Indicate the dollar amounts funded: (Type in N/A for any that do not apply)**

401k	<input style="width: 100%; height: 20px;" type="text"/>
403b	<input style="width: 100%; height: 20px;" type="text"/>
457b	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>

**\*36. The district provides an automobile to me for official use.**

- Yes
- No

**\*37. If the district provides a car allowance, please include the dollar amount per month. (If you do not receive a car allowance enter 0.)**

\$/month:

# 2015 Supt Salary & Benefits Survey

## \*38. Do you have Housing or a Housing Allowance provided?

- Housing is provided
- A Housing Allowance is provided
- Not Applicable

## \*39. Technology provided to me. (Choose all that apply)

- Desktop computer
- Laptop
- iPad, Tablet, or eReader
- Mobile Phone or Smart Phone
- Monthly technology allowance
- Other, please specify (for example: \$50/month for cell phone)

## 40. Professional Dues or Association Fees paid by the district. (Choose all that apply)

- ASA
- AASA
- AASBO
- Service Organizations (Kiwani's, Rotary, Lion's, etc)
- Other, please specify

## \*41. Does your contract include paid days off to teach or consult?

- No
- Yes, and I get this many days off to do so:

## \*42. Tuition Reimbursement (Choose all that apply)

- Our district provides me this benefit
- Our district provides other staff this benefit
- Our district does not offer tuition reimbursement

Other (please specify)



## 2015 Supt Salary & Benefits Survey

**43. Please specify the type and amount of any other benefits provided to the superintendent.**

*(eg. professional development stipend, executive training, community expense fund, longevity, doctorate, etc.)*

Thank you for your submittal!