

Employee Name

Employee ID: XXXXXX

For Year Ending June 30, 20XX Your Total Compensation Report

The information prese	ented in this statement is based on District
records as of	Where projected benefits are shown
certain assumptions re	egarding contributions and earnings have
been made	

If you have any questions, please <u>review our FAQ page</u> for more information and who to contact.

The section below shows the individual and collective totals of your base salary; the cost of statutory benefits like retirement, employer tax contributions, etc.; and the total paid by you and the district for your healt and welfare benefits.

velfare benefits.				
Health and Welfare		Total		
Benefits		Compensation		
	=			

Estimated Compensation for Fiscal Year 20XX-20XX

Contracted Salary*

year.

Statutory Benefits

Contracted Salary Details for Fiscal Year 20XX-20XX

COORDINATOR ADMIN SERVICES

	Contract Days	Salary Range/Grade	Step	Contracted Salary
				Total Contracted Salary
	e section to the right displays your cu			
onl	y, and the percent change to your sal	ary from current year over prior	% Change from Prior Year	

Prior Years Compensation

Туре	Fiscal Year 20XX-20XX	Fiscal Year 20XX-20XX	Fiscal Year 20XX-20XX
Contracted Salary			
% Change from Prior Year			

Non Earnings Dock			
One-Time		ion-related information for the past three	
Other Pay/Allowances		evious two years. This first year is consid	
Other Stipends	these calculations and therefore does not have a "percent change" value. Also in this section, you will see any other additions or subtractions made to your base/contracted salary earnings. These could include a reduction in base pay due to unpaid personal business time off, additional pay from co-curricular or academic stipends, one-time		
Overtime			
Sub Pay	compensation adjustments, overtime pay, etc.		
Total			

^{*}Contracted salary includes longevity, paid vacation, professional growth, masters/doctoral stipends, and any special education stipends. It does not include undetermined overtime or stipends you may receive this fiscal year.

Estimate Benefits for Fiscal Year 20XX20XX

Earnings for Determ	nining Benefits		
Your benefits are bas	ed on your annual salary of	The values of your benefits represent an additional	of your
annual salary.		on about your base salary and the added value of your other compensation-related ehalf (like retirement, health and welfare, unemployment insurance, etc.). The percent	
Statutory Benefits	listed above shows the additional valu	e of these compensation-related benefits as a percent of your base salary.	

These benefits will automatically be provided to you by Clovis Unified School District.

Туре	Your Annual Contribution	District's Annual Contribution	Total Contributions
Disability			
Medicare			
Other Post-Employment Benefits			
Social Security			
State Unemployment Insurance			
STRS, PERS, or APPLE			
Unknown			
Workers' Compensation Insurance			
Total			

Health and Welfare Benefits

Туре	Your Annual Contribution	District's Annual Contribution	Total Contributions	
Medical	This section shows how much you	This section shows how much you contribute and how much the District contributes toward your health, dental and vision insurance coverage. Your annual contribution amount is based on the number of covered dependents you have on your plan and/or other options you select each year for dental and vision. At no additional cost to you, the District also provides term life insurance to benefited employees.		
Dental				
Vision	vision. At no additional cost to you			
Life	employees.			
Total				

Vacation and Sick Leave Balance

For an up-to-date report on your leave balances, please refer to your latest paystub from Payroll or login to Employee Self-Service (ESS) at https://tylerselfservice.clovisusd.k12.ca.us/ess/default.aspx

Frequently Asked Questions

If you have questions regarding this report, please review the Frequently Asked Questions (FAQs) at https://cusd.com/TotalCompensationAnnualStatements.aspx