FORT SMITH PUBLIC SCHOOLS

DEAF INTERPRETER STAFF

2008-2009 SALARY SCHEDULE

-RANGE-

	01	02	03	04
	--------COLLEGE HOURS IN INTERPRETER EDUCATION--------			
STEP	12	30	60	90
1	18,981.45	19,361.06	19,740.68	20,120.31
2	19,740.68	20,120.31	20,499.96	20,879.57
3	20,499.96	20,879.57	21,259.22	21,638.86
4	21,259.22	21,638.86	22,018.46	22,398.09
5	22,018.46	22,398.09	22,777.73	23,157.34
6	22,777.73	23,157.34	23,536.98	23,916.62
7	23,536.98	23,916.62	24,296.23	24,675.85
8	24,296.23	24,675.85	25,055.49	25,435.11
9	25,055.49	25,435.11	25,814.18	26,194.39
10	25,814.75	26,194.39	26,574.03	26,953.63
11	26,574.03	26,953.63	27,333.27	27,712.89
12	27,333.27	27,712.89	28,092.53	28,472.17
13	28,092.53	28,472.17	28,851.80	29,231.43
14	28,851.80	29,231.43	29,611.05	29,990.67
15	29,611.05	29,990.67	30,370.30	30,749.94
16	30,370.30	30,749.94	31,129.56	31,509.19
17	30,370.30	30,749.94	31,129.56	31,509.19
18	30,370.30	30,749.94	31,129.56	31,509.19
19	30,370.30	30,749.94	31,129.56	31,509.19
20	30,370.30	30,749.94	31,129.56	31,509.19

SCHEDULE NOTES:

* Schedule is based upon a 193-day contract year.
* Supplements awarded for Quality Assurance Screening Test (QAST) for Sign Language Interpreters certification:
* Level 1 - $500; Level 2 - $750; Level 3 - $1,000; Level 4 - $1,250; National Certification - $1,500

BENEFITS FOR FULL-TIME PERSONNEL:

* ***Group Health Insurance*** --Premiums paid according to scheduled amount by school district for the individual employee only. The maximum payment for 2008-2009 will be up to $2,938.
* ***Dental Insurance*** --Individual premium paid by district.
* ***Life Insurance*** --***$5,000 Policy*** --Premium paid by district.
* ***Tax Sheltered Annuities (optional)*** --Several programs are available.
* ***IRS Cafeteria 125 Plan (optional)*** --A program whereby employee may escrow funds tax-free to use to pay insurance premiums, unreimbursed medical and/or child care expenses.