

**FORM FOR PUBLIC DISCLOSURE
OF PROPOSED COLLECTIVE BARGAINING AGREEMENT**
(AB 1200 (Statutes of 1991, Chapter 1212) as revised by AB 3756)

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the 2015-16 C . . .

H.

RIALTO UNIFIED SCHOOL DISTRICT

SCHOOL DISTRICT

CERTIFICATION

Muhammad Z. Ma
0800

6-9-15

6-8-15

RIALTO EDUCATION ASSOCIATION

Bargaining Unit.

Edgar Monte

6/15/15

BETWEEN THE RIALTO UNIFIED SCHOOL DISTRICT SCHOOL DISTRICT
 WITH THE _____ UNIT (BU)

(This document is required at any time all or even part of an agreement is ratified or modified)

To be acted upon by the Governing Board at its meeting on :	(enter Date)	6/17/2015
Budget Revisions to be INPUT no later than 45 days after approval: (will calc + 45 days)		# ETE Represented
		N/A
		1265
		0

Section 2: PERIOD OF AGREEMENT

The proposed agreement covers the period beginning on: _____ 7/1/2015
 _____ 6/30/2016

indicate ALL fiscal years covered:

2015-2016		
No		

COMPENSATION PROVISIONS

Section 3: SALARIES - PERCENTAGE CHANGE IN SALARIES IN PROPOSED AGREEMENT

\$ 98,851,704.00
\$ 103,794,289.00
\$4,942,585.00
5.00%

SALARY CHANGE FOR AN AVERAGE-REPRESENTED EMPLOYEE FROM PRIOR YEAR

(Includes annual step/column movement on schedule):

<u>Salary Increase or (Decrease)</u>	
% increase or (decrease) to existing schedule	5.00% per employee
	0.00% per employee
	0.00% per employee

TOTAL PERCENTAGE CHANGE FOR

SUMMARY OF PROPOSED AGREEMENT

DISTRICT

Section 4: BENEFITS: PERCENTAGE CHANGE IN EMPLOYEE BENEFITS IN PROPOSED AGREEMENT:

The proposed agreement includes the following costs for employee statutory and health/welfare benefits:

Statutory benefits: *(Object 3XXX less 34XX)*

(STRS, PERS, Workers Compensation, Unemployment Insurance, Social Security, Medicare)

Total Statutory Benefit Costs:

Current Costs:	\$ 14,909,110.00
Proposed Costs:	\$ 15,654,566.00
Total Cost Increase or (decrease):	\$745,456.00
Percentage Change:	5.00%

	\$ 16,377,493.00
	\$ 16,377,493.00
	\$0.00
	0.00%

Please indicate if Health/Welfare Benefit is Capped :

(Indicate any details such as different caps per health plans or any surer composite rates. Also indicate if cap includes

medical costs only or also other components)

Health benefits are capped at the following amounts:

Current Cap:

Proposed Cap:

Amount increase or (decrease) per

TOTAL COST INCREASE OR (DECREASE)	\$5,688,041.00
<i>(This amount should tie to the multiyear projection sections for 1XXX-3XXX)</i>	
PERCENTAGE CHANGE	4.37%
1% CHANGE IN SALARY AND STATUTORY BENEFIT COSTS (prior to any settlements):	\$ 1,137,608.14

SUMMARY OF PROPOSED AGREEMENT

DISTRICT

OTHER PROVISIONS (COMPENSATION AND NON-COMPENSATION)

Section 6: The following are additional compensation and non-compensation provisions:

B. NON-COMPENSATION: Class Size Changes (indicate before and after class size) (Grades affected and #)

\$	293,529,675.84
	3%
\$	8,505,860.27

Section 7:

Governing Board Date plus 45 days)

Provide proof that board-approved budget revisions have been input within 15 days. Date budget revisions input (BT Batch #):

Batch #'s:	mm/dd/yy
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SUMMARY OF PROPOSED AGREEMENT

BETWEEN THE

RIALTO UNIFIED SCHOOL DISTRICT

SCHOOL DISTRICT

Section 9: IMPACT OF PROPOSED AGREEMENT ON THE GENERAL FUND BUDGET IN CURRENT YEAR AND TWO

~~_____~~

_____ the results of the
settlement over any previous Form MYP filed with **- See attached MYP**

DISTRICT

%	53.01%	12.62%	18.24%
	1.02%	1.60%	2.48%
	83.36%	82.85%	82.74%

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Section 10: MULTIPLE YEAR CONTRACT

[REDACTED]

Section 12: NARRATIVE OF AGREEMENT: Provide a brief narrative of the proposed changes in compensation or health premiums, including percentage changes, effective dates, and comments and/or explanations. (Text

salary increase effective 7/1/2015.

Section
current year to provide for the costs of this agreement. (Pulls into disclosure):

Fund (LCFF and categorical programs), Fund 12, and Fund 13.

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This section is in response to the Criteria and Standards Additional Fiscal Indicator #A

(a) Current-year (CY) LCFF Average Rate per ADA: (CY LCFF BASC Calculator, Line J88)	Estimated	
		\$9,169.31
(b) Less Prior-Year (PY) LCFF BASC Calculator Rate per ADA: (PY LCFF, BASC Calculator Line H88)		\$7,746.97
(c) = Amount of Current-Year Increase or (decrease): (a) minus (b)		1,422.34
(d) = Percentage Increase or (decrease) in LCFF per ADA: (c) divided by (b)		18.36%
(e) ADA Increase/(Decrease) from Prior Year as % Current year P-2 LCFF funded ADA(greater of PY guarantee		1.41%
		25,283.60
		25,646.34
		16.95%
Indicate Total Settlement Percentage Change from Section 5 on current year		4.37%

If proposed agreement % on Line g is greater than Line f, please provide explanation below

CERTIFICATION

6-9-15
6-8-15

Edy Monte

6/17/15