

SUPERINTENDENT

Detailed Statement of Contract Costs

District: Kingsway Regional
 Name: Dr. James J. Lavender
 District Grade Span: 7-12
 On Roll Students as of 10-15-24: 2,913
 Contract Term: 7/1/25 - 6/30/30

	Year 1	Year 2	Year 3	Year 4	Year 5
	2025-26	2026-27	2027-28	2028-29	2029-30
Salary					
Salary	\$ 219,523	\$ 226,109	\$ 232,892	\$ 239,879	\$ 247,075
Increment for Shared Services (Max = \$15,000 per district)	\$ -	\$ -	\$ -	\$ -	\$ -
Increment for One (1) Additional Administrative Position (Max = \$5,000)*	\$ -	\$ -	\$ -	\$ -	\$ -
*Must meet the definition of "administrator" set forth in NJSA 18A:12-23	\$ -	\$ -	\$ -	\$ -	\$ -
Longevity	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL ANNUAL SALARY	\$ 219,523	\$ 226,109	\$ 232,892	\$ 239,879	\$ 247,075
Dollar Increase	XXX	\$ 6,586	\$ 6,783	\$ 6,987	\$ 7,196
Percentage Increase	XXX	3.0%	3.0%	3.0%	3.0%
Additional Salary					
Quantitative Merit Goals	\$ 21,930	\$ 22,588	\$ 23,266	\$ 23,964	\$ 24,683
Qualitative Merit Goals	\$ 10,976	\$ 11,305	\$ 11,645	\$ 11,994	\$ 12,354
Total Additional Salary	\$ 32,906	\$ 33,894	\$ 34,911	\$ 35,958	\$ 37,037
TOTAL ANNUAL SALARY PLUS ADDITIONAL COMPENSATION	\$ 252,429	\$ 260,002	\$ 267,802	\$ 275,837	\$ 284,112
Total Premiums for:					
Health Insurance	\$ 30,288	\$ 31,197	\$ 32,133	\$ 33,097	\$ 34,089
Prescription Insurance	\$ 6,468	\$ 6,791	\$ 7,131	\$ 7,488	\$ 7,862
Dental Insurance	\$ 1,056	\$ 1,056	\$ 1,056	\$ 1,056	\$ 1,056
Vision Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Disability Insurance	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
Other Insurance - Describe:	\$ -	\$ -	\$ -	\$ -	\$ -
Waiver of Benefits					
Section 125 Plan Reimbursements - Describe:	\$ -	\$ -	\$ -	\$ -	\$ -
Total Cost of Premiums	\$ 39,612	\$ 40,844	\$ 42,120	\$ 43,440	\$ 44,807
Employee Contribution to Premiums as Per Law	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000
TOTAL HEALTH BENEFITS COMPENSATION	\$ 30,612	\$ 31,844	\$ 33,120	\$ 34,440	\$ 35,807
Other Compensation					
Travel and Expense Reimbursement (Estimated Annual Cost)	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Professional Development (Capped Amount or Estimated Annual Cost)	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Tuition Reimbursement	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
Mentoring Expenses - Describe:	\$ -	\$ -	\$ -	\$ -	\$ -
National/State/County/Local/Other Dues	\$ 3,385	\$ 3,385	\$ 3,385	\$ 3,385	\$ 3,385
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Board Paid Cell Phone or Reimbursement for Personal Cell Phone	\$ -	\$ -	\$ -	\$ -	\$ -
Computer for Home use, including supplies, maintenance, internet	\$ -	\$ -	\$ -	\$ -	\$ -
Other - Describe:	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OTHER COMPENSATION	\$ 19,385	\$ 19,385	\$ 19,385	\$ 19,385	\$ 19,385
Sick and Vacation Compensation					
Max Paid for Unused Sick Leave Upon Retirement	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000
Max Paid for Unused Vacation Leave - Retirement or Separation	\$ 16,886	\$ 17,393	\$ 17,915	\$ 18,452	\$ 19,006
TOTAL SICK AND VACATION COMPENSATION	\$ 31,886	\$ 32,393	\$ 32,915	\$ 33,452	\$ 34,006
GRAND TOTAL CONTRACT COSTS	\$ 334,313	\$ 343,624	\$ 353,222	\$ 363,114	\$ 373,310