PROFESSIONAL AGREEMENT

BETWEEN

THE WESTPORT BOARD OF EDUCATION

AND

THE WESTPORT INTERMEDIATE ADMINISTRATORS' ASSOCIATION

JULY 1, 2026 - JUNE 30, 2029

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ARTICLE I
RECOGNITION

A. This agreement is made and entered into by and between the WESTPORT BOARD OF EDUCATION (hereinafter referred to as the "BOARD") and the WESTPORT INTERMEDIATE ADMINISTRATORS' ASSOCIATION (hereinafter referred to as the "Association").

B. The Board hereby recognizes the Association as the exclusive bargaining representative of all members of the administrator's unit, as defined by the Connecticut General Statutes, Section 10-153b(a). The Association recognizes the local responsibility of the Board to have charge of the Westport public schools as defined in the General Statutes.

C. In the event that additional administrative categories are created or become represented by the Association during the term of this agreement, the parties shall negotiate an addendum hereto confined solely to salaries, work year and placement in the reduction in force procedure.

ARTICLE II
DURATION

The provisions of this agreement shall be effective as of July 1, 2026, and, except as specifically provided otherwise, shall continue in full force and effect until June 30, 2029, and thereafter unless terminated by either party on or after such date, subject to reopener negotiations over Article III as set forth in said article.

ARTICLE III
MEDICAL INSURANCE AND DISABILITY INSURANCE

A. A program of benefits shall be provided on a contributory basis to each eligible employee and their eligible dependents. Health benefits shall be in the form of a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) (as described in Appendix A). The deductible for such HDHP shall be $2000 for individuals and $4000 for families. The Board will contribute 50% of the deductible for active employees participating in the HDHP. Any employee ineligible for the HDHP may participate in a Health Reimbursement Arrangement (HRA) with the same terms as the HDHP. Board funding to the HRA shall include a rollover feature allowing any unused HRA deductible funds to be rolled over up to the amount legally allowed.

Effective July 1, 2024, the Board's deposit toward the HDHP deductible will be made in two equal installments on or around July 1 and January 1.

There will be no cost for preventative care. Once the HDHP deductible is met, medical benefits will be covered at 100% for in-network. Out-of-network services will be subject to an 80%/20% co-insurance after the deductible is met with an out-of-pocket maximum of $4,000/$8,000 (including satisfying the deductible). The out-of-pocket

maximum will be cross accumulative between in-network, out-of-network and prescription drug cost.

Prescription benefits under the HDHP plan shall be provided through a prescription benefits manager (PBM), designated by the Board through a formulary established by the Board. Co-payments under the formulary plan will apply after the deductible is met up to the combined out-of-pocket maximum of $4,000/$8,000. The co-payments shall be $5.00 for generic, $30.00 for preferred brand, and $45.00 for non-preferred brand, with mail order of two and one-half (2.5) times these retail co-payments for a ninety day supply. A participant shall pay the difference between the brand name drug cost and the generic drug cost when a generic is available and the individual elects to take the brand name drug without a physician's specification, "Dispense As Written" ("DAW") provided for medical reasons.

A summary of the benefits of these plans shall be set forth for informational purposes in Appendices A (HDHP plan) and B (dental plan), provided that the actual benefit shall be determined in accordance with the insurance contract(s).

The Board will also provide life insurance for each eligible employee in an amount equal to two and one-half (2.5) times annual salary rounded upward to the next highest thousand. Upon resignation or retirement, unit members will be offered the opportunity to convert life insurance previously available under the Board group plan to an individual policy at their own expense, carrier permitting. Upon retirement from the Westport Public Schools, each retiree shall receive from the Board an explanation of benefits booklet, which shall describe the retiree's option for benefits and continuing benefits, (e.g. life insurance, medical and dental insurance). The Board shall notify retirees in writing of any changes to those benefits, and the Board and the Association may provide information to retirees about the advantages of participation in the TRB insurance plan for teachers eligible to participate in Medicare A and B.

B. 1. Effective July 1, 2025, the Board will pay for all full-time employees eighty percent (80%) of the cost of all premiums, and the employee shall pay twenty percent (20%) of such cost.

Employee premium share contributions shall be made pursuant to an I.R.C. Section 125 Plan (pre-tax contribution) implemented by the Board. The Board will pay for part-time employees, seventy percent (70%) of the cost of all premiums and the employee shall pay thirty (30%) of such cost. Contributions will be based upon the cost of coverage elected by the administrator, i.e. individual, individual plus one, family (the employee premium share contributions shall be computed on the basis of actual expenditures in the prior year).

2. Dental benefits shall reimburse preventive expenses at 100% co-insurance. A $50.00 annual deductible ($150 family maximum) is applied to general and major services. General services shall be reimbursed at an eighty percent (80%) co-insurance and major services at fifty percent (50%) co-insurance. This benefit is subject to a $2,500 calendar year maximum per covered individual.

3. A program of long-term disability insurance is available at Board expense to each eligible administrator in accordance with the provisions of an insurance

policy obtained by the Board, which provides a maximum benefit of seven thousand five hundred($7,500) per month after a waiting period of 180 days.

4. The Board may reopen negotiations in accordance with Conn. Gen. Stat. Section 10-153f(e) as to the sole issue of medical benefits if the cost of the insurance plan offered herein is expected to substantially increase. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share, and/or introduction of an additional optional health insurance plan.

C. Insurance Carriers

The Board of Education at its sole discretion may change the identity of carriers identified in the contract to provide medical, prescription drug, dental, vision and/or life insurance in whole or in part. Prior to changing vendors under this section, the Board shall notify the President of the Association at least thirty (30) days in advance of the nature of the proposed change and the reasons therefore.

During the next ensuing thirty (30) day period, the parties shall meet and the reasons for the proposed change shall be more fully explained. Any changes in carrier identification must provide substantially equal benefits and service to the members of the bargaining unit and their dependents at no additional cost, and any claims then or thereafter that this is not the case may be the subject of a grievance under the controlling grievance procedures. If, during the thirty (30) day period set forth above, the parties cannot agree that this is the case, either the Board or the Association may invoke arbitration as provided under this Agreement for the purpose of determining whether the proposed change or changes will, in fact, provide equal benefits, at no additional cost to covered employees or their dependents. Any arbitration under this clause will be final and binding as provided by the contract, preferably before an arbitrator experienced in insurance matters.

Notwithstanding the foregoing, the Board and the Association agree that the Association shall be deemed to have reviewed and agreed to the Board's selection of the insurance carrier and/or administrator with an implementation effective date of July 1, 2022, and any disagreement by the Association regarding such selection shall not be subject to arbitration.

D. Flexible Spending Account

The Board shall make available a flexible spending account as permitted in accordance with federal regulations.

E. Connecticut State Partnership Plan 2.0

Subject to the conditions set forth below, effective July 1, 2024, the Board shall offer each bargaining unit member the opportunity to participate in the Connecticut State Partnership Plan 2.0 (SPP) for medical benefits in lieu of the medical benefits described in Sections A and B of this Article III and in Appendix A. Dental benefits shall continue (with the employee premium cost sharing set forth in this Section E below) as currently provided in this Agreement. The medical benefits shall be as set forth in the SPP effective on July 1, 2024, including any subsequent amendments or modifications made to the SPP by the State and its employee representatives. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, and other administration provisions, shall be as established by the SPP.

a. The premium rates shall be set by the SPP. Based on such rates, the Board shall establish a blended rate to provide the same rate to active and retired teachers in accordance with statute.

b. The percentage share of such premium cost for full-time employees shall be as follows:

July 1, 2026 through June 30, 2027: 21%

July 1, 2027 through June 30, 2028: 22%

July 1, 2028 through June 30, 2029: 23%

The percentage share of such premium cost for part-time employees for the period July 1, 2026 through June 30, 2029 shall be 30%.

c. The SPP contains a Health Enhancement Plan (HEP) component. All employees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose the HEP non-participation or non-compliance $100 per month premium cost increase or the $350 per participant to a maximum of $1400 family annual deductible, those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee. No portion or percentage shall be paid by the Board. The $100 per month premium cost increase shall be implemented through payroll deduction, and the $350/$1400 annual deductible shall be implemented through claims administration. In the event there are any changes to the terms and provisions of the HEP resulting in increased costs for non-participation and/or non-compliance, any non-participating and/or non-compliant employee shall remain responsible for paying 100% of such costs, and no portion or percentage shall be paid by the Board.

d. In the event any of the following occur, the Board or the Association may reopen negotiations in accordance with Conn. Gen. Stat. Section 10-153f(e) as to the sole issue of medical benefits, including plan design and plan funding, premium cost share and/or introduction of a replacement medical benefits plan in whole or in part.

i) If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical benefits plan offered herein. Reopener

negotiations shall be limited to medical benefits plan design and funding, premium cost share and/or introduction of an additional optional medical insurance plan; and/or

ii) If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are imposed so as to affect the Board, any of which amendments, changes, fees, or charges (individually or collectively) would substantially increase the cost of the medical benefits plan offered herein. Reopener negotiations shall be limited to medical benefits plan design and funding, premium cost share and/or introduction of an additional optional medical benefits plan; and/or

iii) If there is any material amendment to The Patient Protection and Affordable Care Act that would substantially increase the cost of the medical benefits plan offered herein. Reopener negotiations shall be limited to medical benefits design and funding, premium cost share and/or introduction of an additional optional medical benefits plan; and/or

iv) If the Board reaches agreement with another bargaining unit or units to introduce a replacement medical benefits plan in whole or in part. Reopener negotiations shall be limited to medical benefits plan design and funding, premium cost share, and/or introduction of an additional optional medical benefits plan.

e. In any negotiations triggered under subparagraph d above as well as negotiations for a successor collective bargaining agreement, the parties shall consider the High Deductible Health Plan with Health Savings Account set forth in this Section A of Article III above to be the baseline for such negotiations, and the parties shall consider the following additional factors:

- Trends in medical insurance plan design outside of the SPP;
- The costs of different plan designs, including a high deductible health plan structure and a PPO plan structure.

Should such negotiations be submitted to arbitration for resolution, the arbitration panel shall consider the foregoing in applying the statutory criteria in making its ruling.

ARTICLE IV
SICK LEAVE

All administrators are eligible for eighteen (18) sick days per year, of which up to five (5) days may be used for family illness, accumulative to a maximum of 180 days. Each administrator will receive his or her regular salary during this period of accumulated sick leave. After expiration of accumulated sick leave, the administrator will receive additional days, with pay, according to the following schedule, however, each administrator will be entitled to the applicable total of such additional days only once during his or her employment by the Board:

4th through 5th year of employment in Westport	30 days
6th through 10th year of employment in Westport	60 days
Over 10 years of employment in Westport	90 days

For the purposes of this Article only, "family" is defined as an administrator's spouse, child, or other family member who resides in the administrator's home.

In the event that administrators are covered by Connecticut's Paid Sick Leave Law, Connecticut General Statutes §§31-57r *et seq.* as it may be amended from time to time, the Board shall permit administrators to use their first forty (40) hours of contractual paid sick leave in each fiscal year for the same purposes and under the same conditions as the conditions described in Connecticut's Paid Sick Leave Law, notwithstanding any provisions in this section to the contrary (the "Statutory Sick Leave"). Any contractual paid sick leave accrued and used in excess of the Statutory Sick Leave shall be subject to the requirements of this section above and applicable Board policy requirements.

ARTICLE V
TRAVEL INSURANCE

The Board of Education will obtain group travel accident insurance providing for $50,000.00 accidental death dismemberment and total disability coverage for certified administrators while traveling on authorized business of the Board.

ARTICLE VI
HOLIDAYS

Holidays shall include such holidays as shall be prescribed by the Superintendent.

ARTICLE VII
ADMINISTRATOR WORK YEAR AND VACATIONS

A. All administrators except Coordinators and Assistant Elementary Principals shall also be entitled to twenty-five vacation days in addition to the normally scheduled holidays.

Each administrator who is a twelve (12) month employee may carry over up to five (5) unused vacation days into the next year. Any such deferred vacation days that are unused at the end of the next year shall be lost.

B. Coordinators and one (1) Assistant Elementary Principal at each elementary school shall have a work year consisting of 208 days. One (1) Assistant Elementary Principal at each elementary school shall have a work year consisting of 202 days. Any Assistant Elementary Principal with a work year consisting of 202 days who is authorized in advance by the Superintendent or his/her designee to work beyond his/her 202 day work year shall be paid for each additional day at his/her per diem rate.

C. Coordinators and Assistant Elementary Principals shall work the same 188 days as those within the teacher work year. The remaining 202 or 208 days (as applicable) of

the work year for Coordinators and Assistant Elementary Principals shall be scheduled by such administrator, in consultation with the administrator's immediate supervisor.

ARTICLE VIII
PROFESSIONAL PROGRESS

Each administrator may receive up to $950 for professional development activities, including graduate study, seminars, workshops, conferences and the purchase of professional materials. Notice of the intent to claim this expenditure and an estimate of the amount of the expenditure must be received by the Superintendent by March 1 of the current school year.

ARTICLE IX
TRAVEL EXPENSES

Personnel covered by this contract who have positions as administrators requiring part time location in two or more building facilities within the Town of Westport shall be reimbursed for travel between said facilities at the current IRS rate. Reimbursement shall be made on a monthly basis based on a written voucher for reimbursement submitted by the administrator to the Controller of the Board of Education.

ARTICLE X
WAGE SCALES

All administrators shall receive salaries in accordance with Schedule A attached hereto and shall reflect the following:

A. IAA members who are not at the top step of their respective salary schedules shall receive the appropriate step increment.

B. For administrators who hold the Ed.D. or Ph.D. degrees, $1,500 shall be added to their appropriate salary.

C. Any administrator initially appointed to an administrative position included under this agreement shall be placed on the step of the appropriate salary schedule which will result in an increase of no less than $500 more than he/she would have received in his/her previous position for the new fiscal year.

ARTICLE XI
DUES DEDUCTION

A. Within thirty (30) days after employment, or the execution of this Agreement, whichever is later, all administrators shall have the opportunity to join the Association, pay a service fee, or do neither. Any administrator who elects to join the Association or to pay a service fee shall execute a voluntary written authorization permitting the

deduction of Association dues, or said service fee, from the salary of such administrator.

B. The Association agrees to indemnify and save the Board harmless against any and all claims, demands, costs, suits or other forms of liability and all court or administrative agency costs that may arise out of, or by reason of, action taken by the Board for the purpose of complying with this Article.

C. The Board shall deduct on a bi-weekly basis an amount equal to the Association membership dues or service fee, as applicable, from the salary of any administrator who voluntarily and in writing authorizes it to do so and remit the same to the Association.

ARTICLE XII
EXTENDED LEAVES OF ABSENCES

A. Requests for leaves of absence having a duration of more than six (6) months shall be submitted to the Superintendent. The Superintendent shall act upon all such requests.

B. At least ninety (90) calendar days prior to the expiration of such extended leave, the Administrator shall be required to indicate in writing his/her intention to return.

C. It is the ethical responsibility of the Administrator to make written application for reassignment accompanied by appropriate statements at least ninety (90) days to indicate his/her intention to return by the time the extended leave terminates and should the Administrator not respond within thirty (30) days to a written request from the Personnel Office sent at least thirty (30) days before the termination of extended leave, the contract shall be considered terminated.

ARTICLE XIII
GRIEVANCE PROCEDURES

A. <u>Definition</u>

1. A "grievance" shall mean a complaint that (1) involving the misinterpretation, violation or misapplication of any provision of this agreement or (2) a complaint that the established procedures of the evaluation and support program have not been followed in one or more respects.

2. "Administrator" shall mean any certified professional employee occupying a position represented by the IAA and may include a group of administrators similarly affected by a grievance or the IAA itself.

3. "Party in interest" shall mean either party to this agreement or their designated representatives.

4. "Days" shall mean calendar days except weekends and school holidays.

B. Time Limits

1. The number of days indicated at each step shall be considered as a maximum. The time limits specified may, however, be extended by written agreement of the parties in interest and such agreement shall not unreasonably be withheld.

2. If a grievance is not filed in writing within thirty (30) days from the date on which the event or condition giving rise to the grievance was known, or should have been known, then the grievance shall be considered waived.

3. Failure to appeal a grievance from any level to the next level within the specified time limits shall be deemed to be acceptance of the decision rendered at that level.

4. If the party to whom the grievance is appealed fails to act on the grievance within the specified time limits, the grievant or grievant(s) may appeal immediately to the next higher level.

C. Representation

1. Any grievant may be represented by a person of the grievant's own choosing at all appropriate levels of this procedure, except that the grievant may not be represented by a representative of any administrators' organization other than the association.

2. When a grievant is not represented by the association, the association reserves the right to be represented and to participate in the proceedings at all levels of the procedure.

D. Records and Files

1. The processing of all grievance documents, communications and records shall be filed separately from the personnel files of the participants and shall be accessible only to the parties in interest and the aggrieved administrator or administrators.

2. Suggested forms for filing and processing grievances and other necessary documents shall be prepared by the Superintendent or the Superintendent's designee with the approval of the Association and made available through the Association's building representative, the Superintendent's office or the school office.

3. All grievances and decisions with reasons therefor shall be in writing.

E. Miscellaneous

1. The sole remedy available to any administrator for any alleged breach of this agreement or any alleged violation of the administrator’s rights hereunder shall be pursuant to this grievance procedure, provided however, that nothing contained herein shall deprive any administrator of any legal right which he/she may have under statutes applicable to such professional employees or persons in general.

2. Any decision, course or conduct or other action which becomes the subject of a grievance shall not be stayed pending the processing of the grievance except upon the written consent of the Superintendent or the Board, which consent

shall not be unreasonably withheld. A decision at any level of the procedure in favor of the aggrieved party, however, may provide appropriate restitution or other remedy for the period during which the grievance was suffered.

F. Grievance Procedure Levels

The following shall be the procedure for processing grievances:

1. Level One - Referral to Director of Human Resources

The grievance of any administrator of the Westport Board of Education shall be brought in writing to the attention of the Director of Human Resources.

2. Level Two - Referral to Superintendent of Schools

Where resolution of the grievance has not been secured at Level One, the grievance of any administrator of the Westport Board of Education shall be brought in writing to the attention of the Superintendent of Schools.

3. Level Three - Referral to the Board of Education

Where resolution of the grievance has not been secured at Level Two, the grievance shall be brought in writing to the Board of Education. At this time, the persons to whom the grievance was brought in Level One and Level Two shall be notified by the grievant. Where the Board alleges a breach of this agreement, then the parties shall meet thereon as a Level Three issue.

4. Level Four - Arbitration

a. Either party may within ten (10) days following a Level Three decision, if the grievance as defined in A.1. is not resolved by such decision, apply to the American Arbitration Association for the designation of an arbitrator pursuant to the then applicable rules of that Association. Nothing herein, however, is intended to preclude the parties during said ten (10) day period from mutually agreeing upon an arbitrator on their own.

b. The arbitrator shall render a decision in writing to both parties setting forth the findings of fact, reasoning and conclusions only on the issues submitted. Such decision shall be rendered as promptly as possible. However, the arbitrator shall limit his decision strictly as to the misinterpretation, violation and misapplication of the specific provisions of this agreement which may be in issue and shall be without power or authority to make any decision:

1. contrary to or inconsistent with or modifying, altering, amending or varying in any way any of the terms, conditions or provisions of this agreement or of applicable law or rules or regulations having the force and effect of law; or

2. involving Board discretion or Board policy not covered by the terms of this agreement or Board actions under all applicable statutes or rules or regulations of the State Board of Education or matters as to which the Board is without authority to act; or

3. limiting or interfering in any way with the powers, duties and responsibilities of the Board under policies not covered by the agreement, applicable statute and/or rules and regulations having the force and effect of law.

The decisions of the arbitrator rendered in accordance with his/her jurisdiction and authority hereunder shall be accepted as final and binding and shall be enforceable under applicable statutes.

c. The cost for the services of the arbitrator shall be borne equally by both parties.

d. In the event of conflict between a Board policy or regulation and the provisions of this agreement, the provisions of this agreement shall prevail.

G. Timetable for Handling Grievances:

Level	Deadline for Submitting Grievances	Deadline for Meeting	Deadline for Reaching Decision
1. Director of Human Resources	30 days	10 days	5 days
2. Superintendent	10 days after prior decision	10 days	5 days
3. Board of Education	10 days after prior decision	15 days	10 days
4. Arbitration	Notice to other party 10 days after prior decision		As promptly as possible

In the event of an emergency, act of God, or other situation beyond the control of the parties, any aggrieved person, the Superintendent or Board of Education, the aforesaid time limits shall be suspended during the pendency of the said condition or conditions. Nothing herein shall preclude the parties in interest from agreeing to extend the aforesaid time limits. Pursuant to Section B(4), in the event a decision is not rendered within the deadline prescribed, the grievant shall have an additional three (3) days from the date of the deadline to submit the grievance to the next level.

ARTICLE XIV
OTHER POLICIES

Previously adopted policies and policies adopted subsequent to the effective date of this agreement, which are in conflict with this agreement are hereby superseded by this agreement. All new policies shall be distributed by the Superintendent for inclusion in the policy handbook.

ARTICLE XV
REDUCTION IN FORCE

In case of a school closing, grade restructuring, reorganization, or the elimination of position(s) as a result of which a unit member is displaced from his or her position, the following principles shall apply:

A. If any elementary school is closed or restructured and an elementary principal position is thus eliminated or lost during the life of this contract, the Superintendent shall assign the elementary school principal affected to any one of the following positions held by a non-tenure administrator or vacancies, if such positions or vacancies exist:

An elementary principalship at another school;

An elementary assistant principalship;

In addition, if he or she is as qualified or more qualified in the opinion of the Superintendent (which shall not be arbitrary or capricious), the elementary principal affected may (a) be assigned to displace a less senior elementary principal, or (b) be assigned to any other elementary or middle school administrative position which is vacant or held by the least senior unit member in those classifications, for which the displaced administrator is certified, and for which he or she has had appropriate or comparable experience provided that such assignment does not constitute a promotion. "Seniority" as used in this Article shall refer to service as an administrator for the Westport Public Schools.

An administrator who is displaced by another administrator by operation of this section shall then be entitled to exercise his or her rights under this section, if any.

B. If a middle school is closed or restructured and a middle school principal position is thus eliminated or lost during the life of this contract, the Superintendent shall assign the middle school principal affected to any one of the following positions held by a non-tenure administrator or vacancies, if such positions or vacancies exist:

Another middle school principalship;

A middle school assistant principalship;

In addition, if he or she is as qualified or more qualified in the opinion of the Superintendent (which shall not be arbitrary or capricious), the middle school principal affected may (a) be assigned to displace the least senior middle school principal (if less senior), or (b) be assigned to any other elementary or middle school administrative position which is vacant or held by the least senior unit member in those classifications for which the displaced administrator is certified, and for which he or she has had appropriate or comparable experience, provided that such assignment does not constitute a promotion.

An administrator who is displaced by another administrator by operation of this section shall then be entitled to exercise his or her rights under this section, if any.

C. If the position held by a middle school assistant principal is eliminated or lost, the Superintendent will assign the affected middle school assistant principal to a vacant

assistant principalship, or to any other elementary or middle school administrative position which is vacant or held by the least senior unit member in those classifications for which in the opinion of the Superintendent (which judgment shall not be arbitrary or capricious) he or she has had appropriate or comparable experience, provided that such assignment does not constitute a promotion. An administrator who is displaced in accordance with this section shall then be entitled to exercise his or her rights under this section in the same manner.

D. If the position held by a high school assistant principal is eliminated or lost, the Superintendent shall assign the affected high school assistant principal to a vacant high school assistant principal position, or to any other elementary or middle school administrative position which is vacant or held by the least senior unit member in those classifications for which in the opinion of the Superintendent (which judgment shall not be arbitrary or capricious) he or she has had appropriate or comparable experience, provided that such assignment does not constitute a promotion. An administrator who is displaced by another administrator by operation of this section shall then be entitled to exercise his or her rights under this section, if any.

E. In the event any other administrative position is eliminated or lost (including the high school principalship), the Superintendent shall assign the affected administrator to another vacant administrative position or, at the option of the Superintendent, a position held by a less senior unit member, for which he or she has had appropriate or comparable experience in the judgment of the Superintendent (which shall not be arbitrary or capricious), provided that such assignment does not constitute a promotion as defined in paragraph I below, and subject to the exceptions therein. An administrator who is displaced by another administrator by operation of this section shall then be entitled to exercise his or her rights under this section, if any.

F. If there are two administrators whose administrative positions are eliminated or lost and both are eligible for transfer into the same position, both will be screened and the Superintendent will assign the most qualified to the position. Administrators who are displaced and for whom no other administrative assignment is available in accordance with the provisions of this Article shall be assigned to a teaching position subject to the provisions of the applicable collective bargaining agreement.

G. Any administrator who has been displaced from an administrative position, shall be placed on a reappointment list. His or her name shall remain on such reappointment list until reappointment to an administrative position or for a period of two (2) years from the date of displacement, whichever shall first occur. If an administrator on the reappointment list refuses an appointment to an administrative position for which he or she is eligible, he or she shall be immediately removed from the reappointment list. Administrators on the reappointment list will only be eligible to take positions for which they are certified and qualified in the opinion of the Superintendent (which shall not be arbitrary or capricious), and shall not be eligible for any job which is a promotion. No administrator shall be eligible for reappointment unless he or she remains in the continuous employment of the Board between the date of displacement as an administrator, and the date of reappointment, unless there was no teaching position available for such administrator at the time of displacement.

H. If the Board of Education is enjoined by a court or administrative agency from implementing any aspect of this article, the procedures contained in this article will not be implemented.

I. For purposes of this Article, a "promotion" shall be a reassignment to a salary classification with a higher salary, as set forth on Schedule A**,** except that the following reassignments shall be considered permissible lateral moves and shall not be considered "promotions" under this Article:

1. Reassignment of a 202-day Elementary School Assistant Principal to a Coordinator or 208-day Elementary School Assistant Principal position.
2. Reassignment of a Coordinator to a 208-day Elementary School Assistant Principal position.

J. Subject to the exception described herein, any administrator whose work year is reduced or who is displaced because of a reduction in force or who is involuntarily transferred for reasons other than unsatisfactory performance to a lower paying administrative or teaching position shall receive the pay for the new position plus a supplement of 2/3rds the difference from previous year's salary for the first year following reassignment, and shall receive the pay for the new position plus a supplement of 1/3rd the difference from previous year's salary for the second year following reassignment, and such payments shall be considered a severance benefit. This provision shall not apply to the following reassignments:

1. Reassignment of a 208-day Elementary School Assistant Principal to a Coordinator or 202-day Elementary School Assistant Principal position.
2. Reassignment of a Coordinator to a 202-day Elementary School Assistant Principal position.

This provision shall not affect administrator rights under Article XIX.

ARTICLE XVI
JOB POSTINGS

The Superintendent or designee shall make administrative arrangements for notifying administrators of all bargaining unit vacancies or newly created positions as soon as practicable after the Board decides to fill the vacancy or position. Such notification shall be made by via email to the administrators using their Westport Public Schools email addresses.

ARTICLE XVII
STATE STATUTES AND TOWN CHARTER

This agreement is subject to and shall operate within the framework of the statutes of the State of Connecticut and Charter of the Town of Westport.

ARTICLE XVIII
SEVERABILITY

In the event that any provision or portion of this agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and remainder of this agreement shall remain in full force and effect.

ARTICLE XIX
JUST CAUSE

Except for matters covered exclusively by Conn. Gen. Stat. Section 10-151, other applicable statutory provisions, or the provisions of Article XV, no administrator shall be disciplined or reduced in pay without just cause.

Executed this _____ day of _____.

WESTPORT INTERMEDIATE ADMINISTRATORS' ASSOCIATION

Signed by:
BY Maria Zachery 11/13/2025
C21686CE876F4CB...
Its President

WESTPORT BOARD OF EDUCATION

DocuSigned by:
BY Lee Goldstein 11/13/2025
7415010BAA844CD...
Chairman

SCHEDULE A
IAA SALARY SCHEDULES

2026-2027

Grade	Grade Name	Days	Step 1	2	3	4
1	Pre-School Coordinator	261	173,921	178,228	182,528	191,264
2	Elementary Assistant Principal	202	167,272	171,663	176,050	184,661
3	Coordinator (2)	208	170,953	175,477	179,993	188,736
4	Elementary Assistant Principal	208	172,117	176,641	181,159	190,015
5	Athletic Director	261	173,809	176,725	180,047	189,962
6	Secondary Assistant Principal	261	183,255	188,086	192,917	202,361
7	High School Special Education Department Chair	261	183,255	188,086	192,917	202,361
8	Elementary Principal, Director of Technology	261	195,735	200,570	204,936	216,031
9	Middle School Principal	261	200,073	204,913	209,757	221,954
10	High School Principal	261	219,947	225,272	230,594	245,603

Administrators not yet at the maximum step will advance one step.

2027-2028

Grade	Grade Name	Days	Step 1	2	3	4
1	Pre-School Coordinator	261	180,009	184,466	188,917	197,958
2	Elementary Assistant Principal	202	173,126	177,671	182,212	191,124
3	Coordinator (2)	208	176,936	181,619	186,292	195,342
4	Elementary Assistant Principal	208	178,142	182,824	187,500	196,665
5	Athletic Director	261	179,892	182,911	186,348	196,610
6	Secondary Assistant Principal	261	189,669	194,669	199,669	209,444
7	High School Special Education Department Chair	261	189,669	194,669	199,669	209,444
8	Elementary Principal, Director of Technology	261	202,586	207,589	212,109	223,593
9	Middle School Principal	261	207,075	212,085	217,099	229,722
10	High School Principal	261	227,645	233,156	238,665	254,200

Administrators not yet at the maximum step will advance one step.

SCHEDULE A
IAA SALARY SCHEDULES

2028-2029

Grade	Grade Name	Days	Step 1	2	3	4
1	Pre-School Coordinator	261	186,309	190,922	195,529	204,887
2	Elementary Assistant Principal	202	179,185	183,890	188,590	197,813
3	Coordinator (2)	208	183,129	187,975	192,813	202,179
4	Elementary Assistant Principal	208	184,376	189,223	194,062	203,548
5	Athletic Director	261	186,188	189,312	192,870	203,492
6	Secondary Assistant Principal	261	196,307	201,483	206,657	216,774
7	High School Special Education Department Chair	261	196,307	201,483	206,657	216,774
8	Elementary Principal, Director of Technology	261	209,676	214,855	219,533	231,418
9	Middle School Principal	261	214,323	219,508	224,697	237,762
10	High School Principal	261	235,613	241,317	247,018	263,097

Administrators not yet at the maximum step will advance one step.

APPENDIX A

WESTPORT BOARD OF EDUCATION
DESCRIPTION OF HEALTH BENEFITS
for
THE WESTPORT INTERMEDIATE ADMINISTRATORS ASSOCIATION

Effective July 1, 2022
Administered by AETNA

High Deductible Health Plan

Plan Features	In-Network	Out-of-Network
Deductible (September 1 through August 31st) Cross accumulation between in and out-of-network and prescription drugs.	$2,000 Individual $4,000 Family	Same Deductible as In-Network
Co-insurance Limit	100%	80%
Out-of-Pocket Maximum Cross accumulation between in and out-of-network and prescription drugs. The amount you pay for any services counts towards both your in-network and out-of-network out-of-pocket maximums.	$4,000 individual $8,000 family	Same as In-Network
Lifetime Maximum	Unlimited	Unlimited
Preventative Care	Paid in full	Paid in full
Prescription Drug Participating Retail Pharmacy	Participating Retail Pharmacy $5 co-payment – generic $30 co-payment – preferred brand name $45 co-payment - non-preferred brand name Maximum 30 day supply Subject to substitution unless DAW	N/A
Mail Order	$12.50 co-payment – generic $62.50 co-payment – preferred brand name $100.000 co-payment – non-preferred brand name Maximum 90-day supply Subject to substitution unless DAW	N/A

Summary of Benefits
Connecticut State Partnership Plan 2.0

A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same Expanded Access plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including $15 in-network office visits (average actual cost in CT: $150*), free preventive care, and $5 or $10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 6, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and or visit osc.ct.gov/ctpartner.

*Source: Healthcare Bluebook: healthcarebluebook.com

www.osc.ct.gov/ctpartner

CONNECTICUT PARTNERSHIP PLAN 2.0

POS MEDICAL BENEFIT SUMMARY

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: $350 Family: $350 per member ($1,400 maximum) ***Waived for HEP-compliant members***	Individual: $300 Family: $900
Coinsurance (the percentage of a covered expense you pay ***after*** you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: $2,000 Family: 4,000	Individual: $2,300 (includes deductible) Family: $4,900 (includes deductible)
Primary Care Office Visits	$15 copay ($0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	$15 copay ($0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	$15 copay	20% of allowable UCR* charges
Chiropractic Care	$0 copay	20% of allowable UCR* charges
Diagnostic Labs	$0 copay (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
Durable Medical Equipment	$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)

1 IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility.
Outside your carrier's immediate service area: no co-pay.

1 OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance.
Outside of carrier's immediate service area: deductible plus 20% coinsurance.

(continued on next page) 2

CONNECTICUT PARTNERSHIP PLAN 2.0

POS MEDICAL BENEFIT SUMMARY

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	$250 copay (waived if admitted)	$250 copay (waived if admitted)
Eye Exam (one per year)	$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	$0	20% of allowable UCR* charges
**Outpatient Surgery	$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

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CONNECTICUT PARTNERSHIP PLAN 2.0

Using Your Benefits

When you need information about your benefits...

CareCompass.CT.gov is your one-stop shop for benefits and general information on your coverage. Click Partnership to view medical, dental, pharmacy and vision benefit information.

- Access your personalized benefits portal at **carecompass.quantum-health.com**, or by clicking Sign In on the Care Compass home page
- To view forms, visit **CareCompass.CT.gov/forms**, or click the Forms button at the bottom of the Care Compass home page.

When you need benefits support...

You and any enrolled dependents can speak with a personal Care Coordinator (833-740-3258) for help understanding your benefits, finding a doctor, and dealing with the complexities of health care. Quantum Health makes it easier for you to navigate your benefits and access the right care for you by coordinating with your medical, pharmacy, and dental member service teams. Chat with a Care Coordinator 8:30 a.m. – 10 p.m., Monday – Friday, at 833-740-3258, or send a message through your secure portal.

Earn incentives

The state has identified providers in Connecticut that meet the highest patient care standards for specific procedures and conditions as "Providers of Distinction". By completing your care with a designated "Provider of Distinction", you will receive a cash incentive in the mail.

To view a full list of procedures and incentives, visit **CareCompass.CT.gov/providersofdistinction**. Note: The amount of the reward varies by procedure or condition.

When you need to find the best provider or to find a location for a routine lab test...

Visit your Quantum Health benefits portal, select My Plan, and then Find Provider to locate a covered provider.

You pay nothing—$0 copay—for lab tests, if you visit a preferred Site of Service provider. To find a Site of Service provider, visit your personalized benefits portal at **carecompass.quantum-health.com**.

When you're injured...

Your health plan has resources to help you through orthopedic injuries, from diagnosis to minor aches and pains, to surgery and recovery.

Get help diagnosing minor or lingering injuries through a virtual visit. Your provider will help create a rehab program you can do at home.

For surgical procedures, find the best providers for the care you need. Learn more at **CareCompass.CT.gov/orthopedics.**

Help Managing and Reversing Diabetes

Get help managing Type 1 or Type 2 Diabetes with Virta Health. Members are connected and supported with access to a diabetes health coach and receive free testing supplies and tips to manage their A1c. In the diabetes reversal program, where members with Type 2 Diabetes can learn to eat their way to better health with personalized nutrition plans and support from medical providers, professional coaches, and digital health tools.

Help Preventing Diabetes

If you have prediabetes, the digital Diabetes Prevention Program offered by Wellspark can help yo u prevent diabetes by focusing on lifestyle changes.

> To learn more about these programs, visit **CareCompass.CT.gov/diabetes**.

Clinical Weight Management

Adult Plan Members: Flyte Health is a virtual medical weight loss program using clinical specialists to evaluate your blood work, lifestyle, and medical history to prescribe medication to help you lose weight safely.

Child Dependents (under 18): Connecticut Children's Medical Center offers four locations where you can visit a provider. Monthly education sessions are available to help build physical activity and healthy eating in your child's care.

Prescription Drugs	Maintenance+ (31-to-90-day supply)	Non-Maintenance (up to 30-day supply)	HEP Chronic Conditions
Generic (preferred/non-preferred)++	$5/$10	$5/$10	$0
Preferred/Listed Brand Name Drugs	$25	$25	$5
Non-Preferred/Non-Listed Brand Name Drugs	$40	$40	$12.50
Annual Out-of-Pocket Maximum	$4,600 Individual/$9,200 Family		

+ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

++ Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/ctpartner) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It is not enough for your doctor to note "dispense as written" on your prescription; a separate form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on www.osc.ct.gov/ctpartner) and scroll down to Pharmacy under Benefit Summaries.)

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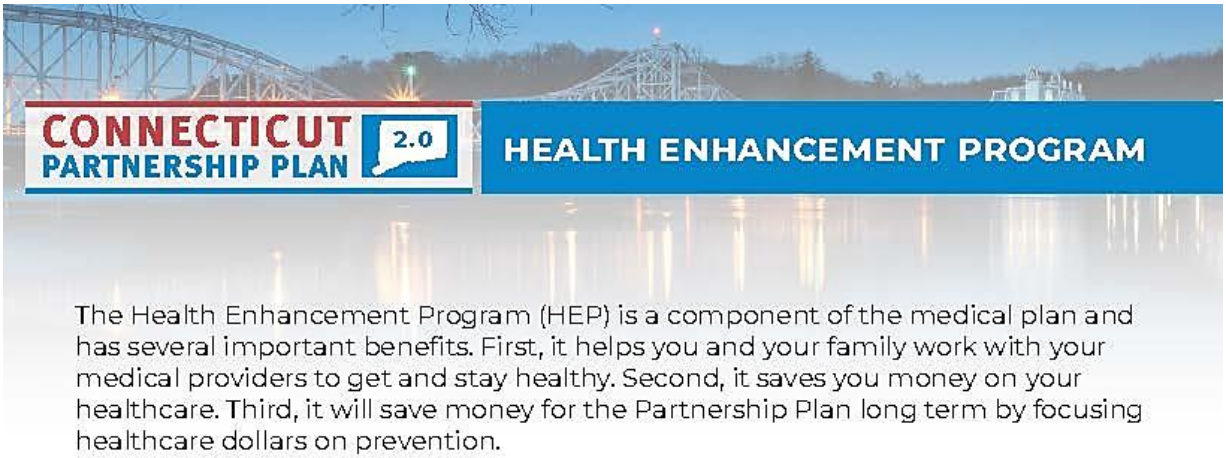

The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). **Here are the 2024 HEP Requirements:**

2024 PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-26 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit (Changing to every 2 years for all ages in 2025)		Every 3 years		Every 2 years		
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening (for women) (Changing to every 2 years for women age 40+ in 2025)		N/A		1 mammogram between ages 45-49	As recommended by your doctor	
Cervical Cancer Screening (for women)		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years			N/A
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		

To check your Health Enhancement Program compliance status, visit CareCompass.CT.gov, then sign in or register for your Quantum Health benefits portal. To view your status, click the My Health tab in your portal.

You can also download the MyQHealth app on the App Store or Google Play.

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Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be $100 per month higher and you will have an annual $350 per individual ($1,400 per family) in-network medical deductible.

Quantum Health is the administrator for the Health Enhancement Program (HEP) and gives you access to your personalized health benefits portal. The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. Login to your personal benefit portal at carecompass.quantum-health.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Send a secure message to a Care Coordinator for benefits assistance
- Connect you to your medical, pharmacy, dental and other healthcare services covered in your plan- with just one login.

Quantum Health: (833)740-3258, 8:30 a.m.-10 p.m. ET, Mon.-Fri.

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Office of the State Comptroller, Healthcare Policy & Benefit Services Division

www.osc.ct.gov/ctpartner
860-702-3560

General benefit questions, Medical, and Health Enhancement Program (HEP)

Quantum Health
CareCompass.CT.gov or login to your benefits portal from Care Compass
833-740-3258

Prescription drug benefits

CVS Caremark
CareCompass.CT.gov/state/pharmacy or login to your benefits portal from Care Compass
1-800-318-2572

Dental and Vision Rider benefits (if applicable)

Cigna
CareCompass.CT.gov/state/pharmacy or login to your benefits portal from Care Compass
1-800-244-6224

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

APPENDIX B

WESTPORT BOARD OF EDUCATION
DENTAL BENEFITS

As of July 1, 2008
Administered by Delta Dental

Deductible Per calendar year	$50 deductible applies to Basic and Major Services Maximum family deductible per calendar year is $150
Individual Maximum Benefit	Individual maximum benefit paid per calendar year is $2,500
Covered Charges	If utilizing a Delta Dental participating dentist, the dentist has accepted the reimbursement level. Non-participating dentist outside Delta Dental's network can charge amounts greater than the covered allowance for any procedure and the patient is liable for the balance.
Preventive & Diagnostic **(Type A Services)** Exams, Cleanings, Bitewing X-Rays (2 per calendar year per person); Fluoride Treatment (for children to age 9)	100% reimbursement of usual, customary and reasonable charges Not subject to deductible
Remaining Basic **(Type B Services)** Fillings, Extractions & Root Canals (Endodontics); Periodontal & Oral Surgery; Sealants (to age 16)	80% reimbursement of usual, customary and reasonable charges Subject to deductible
Crowns & Prosthodontics **(Type C Services)** Crowns & Gold Restorations; Repair of Dentures & Removable Prosthodontics; Bridgework, Full & Partial Dentures	50% reimbursement of usual, customary and reasonable charges Subject to deductible
Orthodontia (Adults & Dependent Children) Coinsurance Lifetime Maximum	 50% $2,000

Dependent children are covered to age 25 if enrolled as a full time student in an accredited school or university or living at home with parents and primarily financially dependent upon the employee for support.)

APPENDIX C

MEMORANDUM OF AGREEMENT

Notwithstanding any past practice to the contrary, administrators who leave their employment with the Board between July 1 and June 30 of any contract year shall be compensated for (1) any of the five (5) unused vacation days that they may have carried over from the prior contract year in accordance with Article VII, Section A ("Carry-Over Days"), and (2) any additional unused vacation days, prorated in accordance with the period of time they remained employed by the Board between July 1 and June 30, and calculated based on an accrual rate of one vacation day every two work weeks. Administrators whose employment is terminated for cause shall not be entitled to compensation for any unused vacation days, including, but not limited to, any Carry-Over Days.

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WESTPORT BOARD OF EDUCATION

Signed by:
Maria Zachery 11/13/2025
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WESTPORT INTERMEDIATE ADMINISTRATORS' ASSOCIATION

APPENDIX D

MEMORANDUM OF AGREEMENT

The parties agree as follows with respect to the period beginning July 1, 2026 and ending June 30, 2029:

1. When the Superintendent closes schools for reasons related to snow or other emergencies and the offices of the Westport Public Schools remain open ("School Closure Days"), a twelve (12) month administrator may elect to work remotely on such School Closure Days with prior approval of the Superintendent or designee without loss of pay or leave time. The Superintendent or designee shall have discretion to grant or deny a remote work request on School Closure Days, provided that such decision shall be based on the Superintendent's or designee's assessment of the Board's operational needs.

2. When the Superintendent closes schools as well as offices of the Westport Public Schools for reasons related to snow or other emergencies ("Full Closure Days"), the Superintendent may require twelve (12) month administrators to work remotely on such Full Closure Days.

3. During the summer months when school is not in session ("Summer Days"), a twelve (12) month administrator may elect to work remotely on up to five (5) such Summer Days with prior approval of the Superintendent or designee without loss of pay or leave time. The Superintendent or designee shall have discretion to grant or deny a remote work request on Summer Days, provided that such decision shall be based on the Superintendent's or designee's assessment of the Board's operational needs.

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Lee Goldstein 11/13/2025
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WESTPORT BOARD OF EDUCATION

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Maria Zachery 11/13/2025
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WESTPORT INTERMEDIATE ADMINISTRATORS' ASSOCIATION