

SYCAMORE COMMUNITY SCHOOLS
EXEMPT FRINGE BENEFITS
(governed by R.C. 3319.02)



Board Approved 6/25/25

BENEFIT	DETAILS	NOTES
VACATION (MUST BE CONTRACTED TO WORK 260 DAYS)	20 DAYS PER YEAR, ONLY THOSE EMPLOYEES WHO ACCUMULATE 25 DAYS PER YEAR AS OF 7/1/2024 WILL CONTINUE TO EARN 25 DAYS PER YEAR	FOR ANYONE EMPLOYED PRIOR TO JULY 1, 2025 A MAX OF 3 YEARS ACCUMULATION MAY BE CARRIED OVER AT CONTRACT YEAR END. FOR THOSE EMPLOYED AFTER JULY 1, 2025 A MAX OF 2 YEARS ACCUMULATION MAY BE CARRIED OVER AT CONTRACT YEAR END. PAY 100% BALANCE UPON SEPARATION WITH THE DISTRICT OR TO THE ESTATE UPON DEATH.
PAYMENT IN LIEU OF VACATION (VACATION EARNING EMPLOYEES)	MAX OF 5 DAYS PER EACH FISCAL YEAR	EMPLOYEE MUST REQUEST THIS BENEFIT IN WRITING TO THE TREASURER/CFO EACH YEAR PRIOR TO JULY 1. PAYMENT WILL BE MADE IN AUGUST.
PERSONAL LEAVE	5 DAYS UPON HIRE DATE	NOT PRORATED - AT THE END OF THE FISCAL YEAR ALL REMAINING PERSONAL LEAVE WILL BE CONVERTED TO SICK LEAVE
SICK LEAVE	1.25 DAYS PER MONTH (15 DAYS PER YEAR)	NO CAP ON ACCUMULATION
LIFE INSURANCE	TWO TIMES SALARY ROUNDED TO THE NEAREST ONE THOUSAND DOLLARS (\$1000.00)	NO COST TO THE EMPLOYEE
HEALTH INSURANCE	85% OF PREMIUM PAID BY BOARD & 100% OF JANUARY PREMIUM FOR THOSE WHO PARTICIPATE IN THE EVALUATION SCREENING.	
DENTAL INSURANCE	85% OF PREMIUM PAID BY BOARD FOR PREMIUM OPTION, 90% PAID FOR STANDARD OPTION, 95% PAID FOR BASIC OPTION	
PAYMENT IN LIEU OF HEALTH INSURANCE	\$1,000.00 PAID TO EMPLOYEE ANNUALLY	EMPLOYEE MUST WAIVE HEALTH INSURANCE ANNUALLY DURING OPEN ENROLLMENT TO RECEIVE THIS PAYMENT
HSA CONTRIBUTION	THE BOARD WILL CONTRIBUTE \$2,200 PER PLAN YEAR PER IRS GUIDELINES TO A HEALTH SAVINGS ACCOUNT (HSA) FOR THOSE WHO SELECT THE FAMILY HDHP PLAN AND \$1,200 PER PLAN YEAR FOR THOSE WHO SELECT A SINGLE HDHP PLAN	EMPLOYEE MUST OPEN AN HSA ACCOUNT WITHIN 45 DAYS OF SELECTION TO BE ELIGIBLE TO RECEIVE THIS BENEFIT.
EMPLOYEE ASSISTANCE PLAN (EAP)	100% BOARD PAID	NO COST TO THE EMPLOYEE
SUPPLEMENTAL BENEFITS	AVAILABLE TO EMPLOYEE AT 100% PREMIUM PAID BY EMPLOYEE	NO BOARD CONTRIBUTION FOR PREMIUM
SEVERANCE	1/3 SICK LEAVE UP TO 108 DAYS	UPON RETIREMENT AND RECEIPT OF BENEFITS FROM APPLICABLE STATE RETIREMENT SYSTEM. PAYMENT MADE IN ACCORDANCE WITH IRS ACCUMULATED LEAVE PLAN
RETIREMENT INCENTIVE PLAN	IF THE EMPLOYEE HAS AT LEAST FIVE (5) UNINTERRUPTED YEARS OF SERVICE WITH SYCAMORE & RETIRES IN THE FIRST YEAR ELIGIBLE WITH FULL OR UNREDUCED BENEFITS WITH STRS/SERS THEY ARE ELIGIBLE TO RECEIVE A RETIREMENT INCENTIVE PAYMENT BY MULTIPLYING THEIR SEVERANCE CALCULATION BY .9 (90%)	
OVERTIME PAY	ELIGIBLE TO EMPLOYEES WHOSE PAY IS BASED ON AN HOURLY RATE ONLY OR AS MANDATED BY THE DEPARTMENT OF LABOR	
PAID HOLIDAYS	13	NEW YEARS EVE; NEW YEARS DAY; MARTIN LUTHER KING, JR. DAY; PRESIDENTS DAY; GOOD FRIDAY; MEMORIAL DAY; JUNETEENTH; JULY 4TH; LABOR DAY; THANKSGIVING DAY AND DAY AFTER; DAY BEFORE AND CHRISTMAS DAY. HOLIDAY MUST FALL WITHIN EMPLOYEE'S CONTRACTUAL WORK YEAR TO BE PAID.
LONGEVITY STIPEND	\$1,000.00	AFTER 20 YEARS OF SERVICE AND HAVE REACHED THE SALARY CAP IN SYCAMORE
RESPONSIBILITY FACTOR	\$1,500.00	CUSTODIAL SUPERVISORS WHO ARE ASSIGNED TO LOCATIONS WITH MORE THAN 5 CUSTODIAL FTE'S