

APPENDIX C
SALARY RANGES
Effective July 1, 201~~2~~⁵ – June 30, 201~~8~~⁴

<u>Eff. July 1, 2012⁵-June 30, 2013</u>					<u>Eff. July 1, 2015³-June 30, 2018⁴</u>		
G	1	\$23,588	\$31,953	\$40,317	\$24,060	\$32,592	\$41,123
G	2	\$27,127	\$36,746	\$46,365	\$27,670	\$37,481	\$47,292
G	3	\$31,196	\$42,258	\$53,319	\$31,820	\$43,103	\$54,385
G	4	\$35,875	\$48,596	\$61,318	\$36,593	\$49,569	\$62,544
G	5	\$41,256	\$55,885	\$70,515	\$42,081	\$57,003	\$71,925
G	6	\$47,446	\$64,269	\$81,092	\$48,395	\$65,555	\$82,714
G	7	\$54,562	\$73,909	\$93,257	\$55,653	\$75,388	\$95,122
G	8	\$62,747	\$84,996	\$107,245	\$64,002	\$86,696	\$109,390
G	9	\$72,158	\$97,744	\$123,331	\$73,601	\$99,700	\$125,798
G	10	\$82,981	\$112,406	\$141,831	\$84,641	\$114,655	\$144,668
G	11	\$95,429	\$129,267	\$163,106	\$97,338	\$131,853	\$166,368
G	12	\$109,743	\$148,657	\$187,571	\$111,938	\$151,630	\$191,322
H	1	\$23,064	\$31,147	\$39,231	\$23,525	\$31,771	\$40,016
H	2	\$26,524	\$35,819	\$45,115	\$27,054	\$36,536	\$46,017
H	3	\$30,503	\$41,192	\$51,882	\$31,113	\$42,017	\$52,920
H	4	\$35,078	\$47,371	\$59,665	\$35,780	\$48,319	\$60,858
H	5	\$40,340	\$54,477	\$68,614	\$41,147	\$55,567	\$69,986
H	6	\$46,391	\$62,649	\$78,907	\$47,319	\$63,902	\$80,485
H	7	\$53,350	\$72,047	\$90,744	\$54,417	\$73,488	\$92,559
H	8	\$61,351	\$82,853	\$104,354	\$62,578	\$84,510	\$106,441
H	9	\$70,555	\$95,281	\$120,007	\$71,966	\$97,187	\$122,407
H	10	\$81,138	\$109,573	\$138,009	\$82,761	\$111,765	\$140,769
H	11	\$93,308	\$126,009	\$158,709	\$95,174	\$128,529	\$161,883
H	12	\$107,304	\$144,911	\$182,517	\$109,450	\$147,809	\$186,167
I	1	\$26,400	\$35,652	\$44,903	\$26,928	\$36,365	\$45,801
I	2	\$30,360	\$41,000	\$51,640	\$30,967	\$41,820	\$52,673
I	3	\$34,914	\$47,150	\$59,386	\$35,612	\$48,093	\$60,574
I	4	\$40,151	\$54,222	\$68,293	\$40,954	\$55,307	\$69,659
I	5	\$46,173	\$62,355	\$78,536	\$47,096	\$63,602	\$80,107
I	6	\$53,099	\$71,709	\$90,318	\$54,161	\$73,143	\$92,124
I	7	\$61,064	\$82,464	\$103,865	\$62,285	\$84,114	\$105,942

July 1, 2014 – June 30, 2015 salary ranges not yet known

APPENDIX C
SALARY RANGES
Effective July 1, 2015~~2~~ – June 30, 2018~~4~~

		<u>Eff. July 1, 2012-June 30, 2013</u>			<u>Eff. July 1, 20153-June 30, 20184</u>		
J	1	\$29,071	\$39,259	\$49,448	\$29,652	\$40,045	\$50,437
J	2	\$33,431	\$45,148	\$56,865	\$34,100	\$46,051	\$58,002
J	3	\$38,446	\$51,920	\$65,393	\$39,215	\$52,958	\$66,701
J	4	\$44,212	\$59,708	\$75,203	\$45,096	\$60,902	\$76,707
K	1	\$29,486	\$39,819	\$50,152	\$30,076	\$40,616	\$51,155
K	2	\$33,908	\$45,791	\$57,674	\$34,586	\$46,707	\$58,827
K	3	\$38,994	\$52,661	\$66,327	\$39,774	\$53,714	\$67,654
K	4	\$44,843	\$60,559	\$76,276	\$45,740	\$61,771	\$77,802
K	5	\$51,570	\$69,643	\$87,716	\$52,601	\$71,036	\$89,470
K	6	\$59,306	\$80,090	\$100,874	\$60,492	\$81,692	\$102,891
L	1	\$27,959	\$37,758	\$47,557	\$28,518	\$38,513	\$48,508
L	2	\$32,153	\$43,421	\$54,690	\$32,796	\$44,290	\$55,784
L	3	\$36,975	\$49,934	\$62,893	\$37,715	\$50,933	\$64,151
L	4	\$42,522	\$57,424	\$72,327	\$43,372	\$58,573	\$73,774
L	5	\$48,900	\$66,038	\$83,176	\$49,878	\$67,359	\$84,840
L	6	\$56,235	\$75,944	\$95,653	\$57,360	\$77,463	\$97,566
L	7	\$64,671	\$87,336	\$110,001	\$65,964	\$89,083	\$112,201
L	8	\$74,371	\$100,436	\$126,500	\$75,858	\$102,444	\$129,030
L	9	\$85,527	\$115,501	\$145,475	\$87,238	\$117,812	\$148,385
L	10	\$98,356	\$132,827	\$167,297	\$100,323	\$135,483	\$170,643
L	11	\$113,110	\$152,750	\$192,390	\$115,372	\$155,805	\$196,238
L	12	\$130,076	\$175,662	\$221,249	\$132,678	\$179,176	\$225,674
L	13	\$149,587	\$202,012	\$254,437	\$152,579	\$206,053	\$259,526
L	14	\$172,026	\$232,314	\$292,602	\$175,467	\$236,961	\$298,454
L	15	\$197,829	\$267,161	\$336,492	\$201,786	\$272,504	\$343,222
M	1	\$27,017	\$36,486	\$45,954	\$27,557	\$37,215	\$46,873
M	2	\$31,069	\$41,958	\$52,846	\$31,690	\$42,797	\$53,903
M	3	\$35,729	\$48,251	\$60,773	\$36,444	\$49,216	\$61,988
M	4	\$41,089	\$55,489	\$69,889	\$41,911	\$56,599	\$71,287
M	5	\$47,253	\$63,813	\$80,372	\$48,198	\$65,089	\$81,979
M	6	\$54,340	\$73,385	\$92,429	\$55,427	\$74,853	\$94,278

July 1, 2014—June 30, 2015 salary ranges not yet known

APPENDIX C
SALARY RANGES
Effective July 1, 2015~~2~~ – June 30, 2018~~4~~

		<u>Eff. July 1, 2012-June 30, 2013</u>			<u>Eff. July 1, 20153-June 30, 20184</u>		
N	1	\$26,321	\$35,796	\$45,270	\$26,847	\$36,511	\$46,175
N	2	\$30,270	\$40,879	\$51,487	\$30,875	\$41,696	\$52,517
N	3	\$34,811	\$47,010	\$59,210	\$35,507	\$47,951	\$60,394
N	4	\$40,032	\$54,062	\$68,092	\$40,833	\$55,144	\$69,454
N	5	\$46,037	\$62,171	\$78,305	\$46,958	\$63,415	\$79,871
N	6	\$52,942	\$71,497	\$90,051	\$54,001	\$72,927	\$91,852
N	7	\$60,883	\$82,221	\$103,559	\$62,101	\$83,866	\$105,630
O	1	\$31,778	\$42,916	\$54,053	\$32,414	\$43,774	\$55,134
O	2	\$36,546	\$49,354	\$62,161	\$37,277	\$50,341	\$63,404
O	3	\$42,027	\$56,756	\$71,485	\$42,868	\$57,892	\$72,915
O	4	\$48,332	\$65,270	\$82,207	\$49,299	\$66,575	\$83,851
O	5	\$55,581	\$75,060	\$94,539	\$56,693	\$76,562	\$96,430
O	6	\$63,918	\$86,319	\$108,720	\$65,196	\$88,045	\$110,894
O	7	\$73,506	\$99,267	\$125,027	\$74,976	\$101,252	\$127,528
O	8	\$84,531	\$114,157	\$143,782	\$86,222	\$116,440	\$146,658
O	9	\$97,211	\$131,280	\$165,349	\$99,155	\$133,906	\$168,656

July 1, 2014—June 30, 2015 salary ranges not yet known

APPENDIX D
SALARY RANGE ASSIGNMENTS

A	1	English Language Institute/English as a Second Language Specialist
A	1	Assistant to Coordinator, Mathematics and Statistics
A	1	English Language Institute/English as a Second Language Specialist
A	2	Metropolitan College Assistant
A	2	Metropolitan College Assistant
A	2	Coordinator, English Language Institute
A	2	Planetarium Lecturer
A	3	Professional Practice Program Coordinator
A	3	Coordinator, Summer Festival of the Arts
A	3	Coordinator, Language Learning and Resource Center
A	3	Program Developer
A	3	Coordinator, External Relations for Williamson College of Business Administration
A	4	Coordinator, Mathematics Assistance Center
A	4	Assistant Director of Honors Program
A	4	Social Work Internship Coordinator
A	4	Police Academy Coordinator
A	4	Metro College Program Coordinator
A	4	Coordinator, Nursing Learning Resource
A	4	Coordinator, Writing Laboratory
B	5	Maag Library Systems Manager
C	1	Photographer
C	1	Development Associate
C	2	Coordinator of Alumni Relations
C	2	Coordinator, Recruitment Marketing
C	2	Assistant Editor
C	3	Development Officer, Annual Fund/WYSU-FM
C	4	Assistant Director, Marketing and Communications
D	1	Assistant Equipment Manager
D	1	Sports Information Editor
D	1	Assistant Athletic Trainer
D	1	Summer Camp Coordinator
D	1	Assistant to the Head Trainer
D	3	Equipment Manager
D	3	Associate Athletic Trainer
E	1	Athletic Advisor
E	1	Athletic Advisor
E	2	Academic Advisor
E	2	Coordinator, Professional Development
E	2	Academic Advisor
E	2	Academic Advisor
E	2	Academic Advisor
E	2	Coordinator Center for Student Progress
E	2	Academic Advisor
E	3	Sr. Athletic Advisor

APPENDIX D (CONTINUED)
SALARY RANGE ASSIGNMENTS

E	4	BS/MD Coordinator
E	4	Coordinator, Career Services
E	4	Academic Advisor Senior
E	4	Coordinator, Career Services
E	4	Coordinator, Career Services
E	4	Coordinator, Teacher Certification
E	4	Academic Advisor Senior
E	4	Counselor/Coordinator of Testing
E	4	Academic Advisor Senior
E	4	Assistant Director, Center for Student Progress
E	4	Health Professions Rep/Academic Advisor
E	4	Academic Advisor Senior
E	4	Counselor/Coordinator Disability Services
E	4	Academic Advisor Senior
E	4	Academic Advisor Senior
E	5	Academic Administrator
E	5	Coordinator, MBA Programs
E	6	University Counseling Center Assistant Director
F	4	Project Manager
F	6	Staff Architect
G	1	Housing Coordinator
G	1	Housing Coordinator
G	1	Housing Coordinator
G	1	Housing Coordinator
G	2	Undergraduate Admissions Representative
G	2	Undergraduate Admissions Representative
G	2	Undergraduate Admissions Representative
G	2	Undergraduate Admissions Representative
G	2	Undergraduate Admissions Representative
G	2	Undergraduate Admissions Representative
G	3	Financial Aid Counselor—Federal Programs
G	3	Coordinator, Graduate Administrative Affairs
G	3	Assistant Director—Federal Programs
G	3	Coordinator, Undergraduate Transfers
G	3	Financial Aid Counselor—Special Programs
G	3	Technology Recruitment Officer
G	3	Financial Aid Counselor—Federal Programs
G	4	Assistant Director, Office of Student Activities
G	5	Assistant Director of Housing Services
G	5	Associate Director of International Student and Scholar Programs
G	7	Assistant Director, Financial Aid and Scholarships
H	4	Cisco Academy Assistant Trainer/Technician
H	4	Cisco Academy Assistant Trainer/Technician
H	5	Metro College Systems Manager
H	5	Systems Coordinator
H	6	Website Manager
H	6	Technology and Training Specialist
H	8	Database Administrator

APPENDIX D (CONTINUED)
SALARY RANGE ASSIGNMENTS

I	1	Research Assistant
I	4	Research Associate II
I	4	Research Economist
I	5	Instrumentation Service Specialist
I	6	Manager of Center of Biomedical and Environmental Research
J	1	Coordinator, Communication and Theater
J	2	Associate Staff Designer
J	3	University Archivist/Special Collections Librarian
J	3	Theater Production Manager
K	2	Coordinator, Graphic Center and Copy Center
L	1	Evening Building Coordinator
L	2	Manager of Ticket Operations
L	3	Financial Services Analyst
L	4	Staff Auditor
L	4	Staff Auditor
L	4	Coordinator, Merchandising
L	4	Retail Operations Manager
L	4	Coordinator, Diversity Initiatives
M	1	Announcer/Producer
M	1	Announcer/Producer
M	2	Fine Arts Announcer/Producer
M	2	Fine Arts and News Announcer/Producer
M	4	Broadcast Engineer
O	1	Assistant Reference Librarian
O	1	Assistant Reference Librarian
O	1	Assistant Reference Librarian
O	1	Assistant Catalog Librarian
O	2	Associate Reference Librarian
O	3	Microforms/Serials Librarian
O	3	Government Documents Librarian

APPENDIX E (CONTINUED)
GRIEVANCE DISPOSITION FORM

Date of Disposition: _____

Step: _____

TO: _____
Grievant

- FROM: Department Head/Supervisor
 Principal Administrative Officer/
Dean/Executive Director
 Chief Human Resources Officer

Name

RE: Grievance filed on: _____
Date

DISPOSITION

cc: Grievant
YSU-APAS
Principal Administrative Officer

Dean/Executive Director
Department Head
Chief Human Resources Officer

APPENDIX E (CONTINUED)
GRIEVANCE DISPOSITION REACTION FORM

Date: _____

Complete this form and return copies to the offices indicated below within TEN (10) work days (step 1) or 20 work days (step 2).

1. Check the appropriate box:

- I accept the disposition of my grievance at Step: 1 2 (Circle the appropriate number.)
- I reject the disposition of my grievance and will advance my appeal to Step: 2 3 (Circle the appropriate number.) (Appeal to Step 3 requires approval of YSU-APAS.)
- I reject the disposition of my grievance since it fails to resolve the issue satisfactorily, but I do not intend to appeal further.

2. Signatures:

Grievant: _____ Date: _____

YSU-APAS Representative: _____ Date: _____
(Optional, except for Step 3)

cc: Grievant
YSU-APAS
Principal Administrative Officer

Dean/Executive Director
Department Head
Chief Human Resources Officer

APPENDIX F-1
YSU EVALUATION OF APAS BARGAINING UNIT MEMBER
(effective until December 31, 2015)

Name _____ Date _____

Department _____

Title _____

Period covered by this evaluation _____

NOTE TO THE EVALUATOR: Read the instructions accompanying this form; then rate each characteristic below on the following pages by entering the appropriate letter on the line indicated under ratings; then provide information and comments regarding your rating in the space provided.

- | | |
|---------------------------------|---|
| O = Outstanding | The bargaining unit member has exceeded all of the performance expectations for this characteristic. |
| E = Exceeds Requirements | The bargaining unit member regularly works beyond a majority of the performance expectations for this characteristic. |
| S = Satisfactory | The bargaining unit member has met the <i>performance</i> standards for this characteristic. |
| N = Needs Improvement | The bargaining unit member has failed to <i>meet</i> one or more of the significant performance expectations for this characteristic. |
| U = Unsatisfactory | The bargaining unit member has failed to meet <i>most</i> or all of the significant performance expectations for this characteristic. |
| NA = Not Applicable | The bargaining unit member is not rated on this characteristic. |

APPENDIX F-1 (CONTINUED)
YSU EVALUATION OF APAS BARGAINING UNIT MEMBER
(effective until December 31, 2015)

CHARACTERISTIC RATING	
1. JOB KNOWLEDGE AND SKILLS: _____ demonstrates an understanding of the principles to meet the objectives of the job.	
2. PLANNING: _____ ability to plan and schedule appropriate objectives and activities.	
3. ADMINISTRATION: _____ completes appropriate objectives and activities.	
4. COMMUNICATION: _____ shares information with peers, subordinates, and superiors.	
5. RELIABILITY/PROMPTNESS: _____ can be depended upon to complete assigned tasks within established deadlines.	

APPENDIX F-1 (CONTINUED)
YSU EVALUATION OF APAS BARGAINING UNIT MEMBER
(effective until December 31, 2015)

CHARACTERISTIC	RATING
<p>6. RELATIONSHIPS:</p> <p style="margin-left: 40px;">has good working relationships with peers and others.</p>	_____
<p>7. PROFESSIONAL DEVELOPMENT:</p> <p style="margin-left: 40px;">engages in activities to become or remain current in the field.</p>	_____
<p>8. OTHER (Specify):</p> 	_____
<p>9. OPTIONAL APPROACH</p> <p style="margin-left: 40px;"><i>Refer to attached instruction sheet.</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

APPENDIX F-1 (CONTINUED)
YSU EVALUATION OF APAS BARGAINING UNIT MEMBER
(effective until December 31, 2015)

Evaluator's Comments and Recommendations:	
Signature_____	Date_____
Bargaining Unit Member's Acknowledgment (comments if desired):	
Signature_____	Date_____
<i>(Note: The bargaining unit member's signature shall certify that he/she has received the evaluation, but will not necessarily indicate agreement with it.)</i>	
Department Head (if other than evaluator)	
Signature_____	Date_____

**** PLEASE RETURN COMPLETED EVALUATION TO HUMAN RESOURCES****

APPENDIX F-2
YSU EVALUATION OF APAS BARGAINING UNIT MEMBER
(effective January 1, 2016)

INSTRUCTIONS

PURPOSE: The primary purpose of the Professional/Administrative evaluation system is to record a formal evaluation of how well a staff member has performed his/her duties. Important subsidiary purposes are 1) to provide for regular discussions about individual performance and improvement thereof; 2) to provide formal recognition for a job well done; and 3) to provide information useful in making decisions concerning salary adjustments.

FREQUENCY: Evaluations are to be completed annually. A department head may initiate an evaluation at any time one is deemed appropriate. An evaluation may also be performed at reasonable Intervals upon a staff member's request.

METHOD: Each evaluation includes an interview, which involves a candid discussion of the strengths and weaknesses of the individual being evaluated, which culminates in completion of the evaluation form. The person being evaluated is given full opportunity to provide additional insight into his/her performance as he/she perceives it. It is also recommended that the employee's job description be reviewed and updated at this time.

RESPONSIBILITY FOR EVALUATION: The evaluation of each Professional/Administrative staff member is completed by the person to whom the staff member reports, as reflected on the approved organizational chart of the area. Evaluations are reviewed by administrative staff in the reporting line and by the divisional vice president.

PERFORMANCE STANDARDS: It is recognized that no two departments in the University are identical. Thus, the meaning and application of terms such as "satisfactory" and "outstanding" will vary somewhat. Similarly, the application and importance of the eleven characteristics listed on the evaluation form will vary somewhat from department to department. It is expected, however, that standards will be applied consistently in the evaluation of comparable positions within a department or an area, and that each person being evaluated will be fully informed concerning the standards to be applied and the expectations of the evaluator.

OPTIONAL APPROACHES:

- a. *Self-Evaluation:* The person being evaluated may prepare a narrative self-evaluation in which he/she reports and evaluates information related to job performance for the period being evaluated. If a self-evaluation is written, the evaluator reviews the self-evaluation, discusses it with the staff member, appends it to the evaluation form, and forwards it as part of the evaluation record.
- b. *Record of Goals, Objectives, and Activities:* In some instances it is appropriate to record in writing goals, objectives, and activities for the coming year. In such cases, they are recorded as part of the evaluation record. It is assumed that the next evaluation will include a review of the staff member's progress toward attainment of established goals, objectives, and activities.

DISPOSITION: Upon completion, the evaluation is forwarded through usual administrative channels to the Executive Director of Human Resources. A copy of the evaluation is sent to the staff member at the time it is placed in his/ personnel file.

YSU PROFESSIONAL/ADMINISTRATIVE STAFF EVALUATION FORM

Name _____

Department _____

Title _____

Period Covered by Evaluation _____

EVALUATOR Please read the Instructions accompanying this form. Rate each characteristic by entering the appropriate number in the box or provide the information and comments as appropriate in the column on the right.

- | | |
|-----------------------|--------------------------|
| 1 = Unsatisfactory | 4 = Exceeds Requirements |
| 2 = Needs Improvement | 5 = Outstanding |
| 3 = Satisfactory | NA = Not Applicable |

Is a self-evaluation attached?

 Yes

 No

Is a report of a goal-setting session attached?

 Yes

 No

Evaluator's Comments and Recommendations
(Ratings of 1 or 5 require narrative justification):

- | | |
|--|--------------------------|
| 1. PLANNING: establishes objectives and activities related to goals. | <input type="checkbox"/> |
| 2. ADMINISTRATION: completes objectives and activities as planned. | <input type="checkbox"/> |
| 3. COMMUNICATION: shares information with peers, subordinates, and superiors | <input type="checkbox"/> |
| 4. INITIATIVE: assumes responsibility for taking appropriate action with minimal direction. | <input type="checkbox"/> |
| 5. EFFECTIVENESS: achieves assigned tasks. | <input type="checkbox"/> |
| 6. PROMPTNESS: meets established deadlines. | <input type="checkbox"/> |
| 7. INNOVATION: has new ideas about how to accomplish objectives. | <input type="checkbox"/> |
| 8. RELATIONSHIPS: has good working relationships with peers and others. | <input type="checkbox"/> |
| 9. ATTITUDE: displays a positive and loyal attitude. | <input type="checkbox"/> |
| 10. RELIABILITY: can be depended upon to complete assigned tasks as scheduled. | <input type="checkbox"/> |
| 11. PROFESSIONAL DEVELOPMENT: engages in activities to become or remain current in the field. | <input type="checkbox"/> |
| 12. OTHER (Specify):
_____ | <input type="checkbox"/> |
| 13. OVERALL: | <input type="checkbox"/> |

Signature _____

Date _____

Staff Member's Acknowledgment
(Comments if desired):

Signature _____

Date _____

APPENDIX G: INSURANCE BENEFITS

Definitions:

Contract Period and Fiscal Year are defined as the 12-month period July – June

Funding Level—The overall dollars needed to cover estimated health care expenses. The Funding Level will be converted to Funding Rates for the Contract Period:

For the Fiscal Year beginning July 1, 2014:

Medical = the sum of the Expected Claims Liability, Fixed Costs and the midpoint between the Expected Claims Liability and Maximum Claims Liability.

Rx = Expected Claims Liability + (Expected Claims Liability x 15%) + Fixed Costs

Dental = Expected Claims Liability + (Expected Claims Liability x 15%) + Fixed Costs

Vision = Expected Claims Liability + (Expected Claims Liability x 15%) + Fixed Costs

For the Fiscal Year beginning July 1, 2015:

Medical = Expected Claims Liability + (Expected Claims Liability x 7-1/2%) + Fixed Costs.

Rx = Expected Claims Liability + (Expected Claims Liability x 7-1/2%) + Fixed Costs

Dental = Fully insured rate as set forth by the dental insurance carrier

Fully insured rate as set forth by the vision insurance carrier

Because of the methodology using the 15% margin in the July 1, 2014 Funding Level formula above and a 7-1/2% margin in the July 1, 2015 Funding Level, the Funding Rates for the July 1, 2015 plan year are guaranteed not to exceed a 5.5% increase over the July 1, 2014 plan year Funding Rates.

For the Fiscal Year beginning July 1, 2016:

Medical = Expected Claims Liability + (Expected Claims Liability x 3-3/4%) + Fixed Costs.

Rx = Expected Claims Liability + (Expected Claims Liability x 3-3/4%) + Fixed Costs

Dental = Fully insured rate as set forth by the dental insurance carrier

Vision = Fully insured rate as set forth by the vision insurance carrier

Because of the methodology using the 15% margin in the July 1, 2014 Funding Level formula above, a 7-1/2% margin in the July 1, 2015 Funding Level, and a 3-3/4% margin in the July 1, 2016 Funding Level, the Funding Rates for the July 1, 2016 plan year are guaranteed not to exceed a 5.5% increase over the July 1, 2015 plan year Funding Rates maximum.

**APPENDIX G:
INSURANCE BENEFITS
(Continued)**

Effective July 1, 2017:

Medical = Expected Claims Liability + (Expected Claims Liability x 3-3/4%) + Fixed Costs.

Rx = Expected Claims Liability + (Expected Claims Liability x 3-3/4%) + Fixed Costs

Dental = Fully insured rate as set forth by the dental insurance carrier

Vision = Fully insured rate as set forth by the vision insurance carrier

~~Funding Rates are currently based on Single or Family. Effective with negotiated medical and prescription drug plan changes scheduled for implementation on January 1, 2012, that a structure will change to that includes Employee Only; Employee + One Dependent; and Family (Employee + two or more dependents).~~

~~Expected Claim Liability is determined by the stop loss carrier and/or Third Party Administrator (TPA) for the Contract Period, and/or actuary for the health care consultant.~~

~~Margin represents the difference between the Maximum Claim Liability (applies to medical only) and Expected Claims Liability. This amount is based on the Aggregate Stop Loss level of 125% and is calculated by multiplying Expected Claims Liability by 125%.~~

~~IBNR Reserves represent the funds necessary to cover claims Incurred But Not Reported. For purposes of this contract, IBNR Reserves = 2.5 months of Expected Claims. These are claims for which members have received services but the claims have not been paid or billed to the University.~~

~~Surplus represents amounts in the Health Care Fund exceeding IBNR Reserves + Margin.~~

~~Actual Costs = Paid Claims + Fixed Costs – Prescription Drug Rebates~~

~~Fixed Costs = Administrative Costs + Stop Loss Premiums~~

~~Funding Rates for the medical, prescription drug, dental and vision plans each July 1st, will be determined using the formulas identified above to calculate Funding Level.~~

~~Effective with the proposed Plan changes, and future Contract Periods, the Funding Rates will be based on Employee Only; Employee + One Dependent; and Family (Employee + two or more dependents.)~~

Reserve

The University will maintain a health care Reserve in accordance with the guidelines outlined in the HCAC Target Reserve Policy.

HCAC Target Reserve Policy

I. Components of the Target Reserve:

- a. **IBNR Reserves** - represent the funds necessary to cover claims Incurred But Not Reported. For purposes of this contract, IBNR Reserves = 2.5 months of Expected Claims for medical, prescription drug, dental and vision claims. These are claims for which members have received services but the claims have not been paid or billed to the University; and
- b. **Margin** - represents the difference between the Maximum Claim Liability (applies to medical only) and Expected Claims Liability set by the University's consultant. This amount is calculated by multiplying Expected Claims Liability by 125%.

II. Targeted Reserves should be expressed as a range from Optimistic, Intermediate to Pessimistic to reflect the potential for variance.

III. Funding of the Reserve should target the Intermediate Targeted Reserve Level of 35% of projected annual costs.

IV. This Reserve Policy should be integrated in the annual Funding Level Calculations:

a. A three-year projection of the Targeted Reserves should be used to effectively plan and adjust accounts through premium increase or decreases;

b. Should the reserve balance exceed 45% of the average of the annual actual cost, the Health Care Advisory Committee shall consider options, including premium holidays, and make recommendations intended to reduce the reserve balance. The average of the annual actual cost is defined to be the three-year average of the annual actual cost required to operate the health care plan for the previous three fiscal years. The annual actual costs for a particular fiscal year includes claims or premium costs including stop loss insurance, administrative expenses incurred from vendors and consultants, wellness expenditures, all legally required fees and taxes associated with the health care plan, and other expenses that may be required to effectively operate the health care plans.

c. Should the reserve balance fall below 25% of the projected annual costs, the Health Care advisory Committee may consider options and make recommendations intended to raise the reserve balance.

V. An actuarial consultant will confirm annually that the reserve policy is properly aligned with the stop loss coverage and to identify risks associated with the coordinated policies.

~~At the time the July 1st Funding Level is established, any amount in the Health Care Fund exceeding IBNR Reserves + Margin will be called Surplus. Only after the IBNR Reserve and Margin are fully funded, will Surplus be used to reduce the Funding Level.~~

~~If at the end of each Fiscal Year/Contract Period, the Funding Level exceeds the Actual Costs, the "excess" funds will be allocated to the Health Care Fund to establish adequate IBNR Reserve and/or Margin, until both are fully funded.~~

~~If, at the end of any Contract Period, the Funding Level was not adequate to cover Actual Costs, that "loss" would be carried over to the next Contract Period by adding the "loss" to the Funding Level calculation.~~

~~To reduce the Funding Level, the Health Care Advisory Committee (HCAC) may recommend some combination of changes in coverage, i.e. deductibles, coinsurance, or co-pays. Funding Level changes on the effective date of any plan changes.~~

Appendix G: Insurance Benefits (Continued)

EMPLOYEE CONTRIBUTIONS

Effective between July 1, 2015 and June 30, 2017, Employees will contribute, via payroll deduction, an aggregate of ~~150%~~ of the Funding Level ~~in the first year of the contract (effective January 1, 2012); 12% in the second year (effective July 1, 2012); and 15% in the third year (effective July 1, 2013)~~. In each year of the contract, once the funding rates are determined for the Employee Only; Employee + One Dependent; and Family (Employee + two or more dependents) contracts, the ~~Employer~~ University and the Union will meet to identify the flat percentage of salary within the bargaining unit that is required for Funding Level to be reached in each year of the contract. Once both sides agree to the flat percentage, it will be implemented by the University. This will occur ~~once before January 1, 2012, a second time before July 1, 2012, and~~ each July 1 of the contract thereafter. Notwithstanding the foregoing formula, employees shall pay no more or no less than the following percentages of the Funding Rates:

- ~~1. Effective January 1, 2012: Minimum 7%; Maximum 21%~~
 - ~~2. Effective July 1, 2012: Minimum 8%; Maximum 21%~~
 - ~~3. Effective July 1, 2013: Minimum 11%; Maximum 21%~~
- the minimum will be 10% and the maximum will be 20%.

Effective July 1, 2017 or such date thereafter that all University employees who receive health insurance benefits begin contributing a uniform premium payment, all employees shall contribute fifteen (15%) per cent of the fully insured equivalent rate for the subscriber option selected.

~~Example of Funding Level calculation for Medical: (NOTE: The amounts used in this calculation are illustrative only.)~~

Maximum Medical Claims Liability	=	\$12,500,000
Less Expected Medical Claims Liability	=	\$10,000,000
Margin	=	\$2,500,000
Midpoint	=	\$ 1,250,000
Fixed Costs	=	\$ 1,000,000

Then

Expected Medical Claims Liability	=	\$10,000,000
Midpoint	=	\$ 1,250,000
Fixed Costs	=	\$ 1,000,000
Funding Level	=	\$12,250,000

~~Example of Funding Level calculation for Rx (also applies to Dental and Vision): (NOTE: The amounts used in this calculation are illustrative only.)~~

Expected Rx Claims Liability	=	\$ 2,000,000
+ 15% of Expected	=	\$ 300,000
Fixed Costs	=	\$ 10,000

Then

Expected Rx Claims Liability	=	\$ 2,000,000
+ 15% of Expected	=	\$ 300,000
Fixed Costs	=	\$ 10,000
Funding Level	=	\$ 2,310,000

**APPENDIX H
YSU-APAS
EMERGENCY SICK LEAVE BANK**

Application for Membership

TO: Chief Human Resources Officer

Please enroll me as a member of the YSU-APAS Emergency Sick Leave Bank (ESLB).

I have read Sections 7.11 and 7.11.1 of the YSU-APAS *Agreement*. I agree to voluntarily donate one (1) day of my accumulated and unused sick leave to the ESLB for this academic year. I understand that the donated day is not returnable. Further, I understand and agree that my decision cannot be rescinded or withdrawn.

I specifically acknowledge and agree that decision of the ESLB shall be at the sole discretion of the ESLB Committee and such decisions shall be final, binding, and not subject to the grievance procedure of the YSU/YSU-APAS *Agreement*. I further acknowledge that granting of days from the ESLB is not a benefit or entitlement of my employment to which I have any lawful right or enforceable interest. In consideration of the ESLB Committee accepting this application for review, I hereby release and agree to indemnify and hold harmless Youngstown State University, the YSU-APAS, and the ESLB Committee from any damages, loss, or lawsuits with respect to any decision made concerning this application.

Name (print): _____

Signature: _____ Date: _____

Job Title: _____

**DEADLINE FOR SUBMISSION:
within one month after
becoming eligible for ESLB membership.**

HUMAN RESOURCES' USE:

____ *P/A Master List (data file) record noted.*

____ *Sick Leave Record sheet noted.*

Initials: _ Date: _

**APPENDIX I
YSU-APAS
EMERGENCY SICK LEAVE BANK**

Application for Use of ESLB Days

TO: Chief Human Resources Officer

I wish to apply for _____ day(s) from the YSU-APAS Emergency Sick Leave Bank, to be used for my illness/injury or because of an illness/injury in my immediate family, as follows:

Estimated duration of leave: _____

Explanation of illness/injury: _____

NAME (printed): _____

Signature: _____ DATE: _____

Attached is the physician's statement regarding said illness/injury.

TO: Chief Human Resources Officer

The above ESLB member has been approved by the ESLB Committee to use _____ Day(s) from the YSU-APAS ESLB.

Signed (Chair, ESLB Committee): _____

Date: _____

cc: Applicant
ESLB Committee
YSU-APAS President

**APPENDIX J
YSU-APAS
STAFF PROFESSIONAL DEVELOPMENT APPLICATION**

Name: _____

Department: _____

Date: _____

Staff Professional Development Opportunity: _____

Location: _____

Date(s): _____

Costs of Attendance

Fees: \$ _____

Travel: \$ _____

Meals \$ _____

Lodging: \$ _____

Total Request: \$ _____

Requested By: _____ Date _____
Signature of Bargaining Unit Member

Signature of Immediate Supervisor
 Approve Disapprove

Signature of Account Authority
 Approve Disapprove

Amount Approved: \$ _____

**APPENDIX K
EMPLOYEE AUTHORIZATION TO CHANGE PERSONAL DATA**



EMPLOYEE AUTHORIZATION TO CHANGE PERSONAL DATA

PLEASE ENTER DATA CURRENTLY ON FILE:

Last Name	First Name	Middle Name
Department	Phone/Ext. Number	Social Security or Patron ID Number

PLEASE CHECK ALL THAT APPLY

- Current Employee
 Full-Time
 Classified Staff
 Professional/Administrative
 Previous Employee
 Part-Time
 Faculty

TYPE OF CHANGE: Name
 Home Address
 Mailing Address
 Phone
 Emergency Contact

NEW INFORMATION (Provide only that which has changed)

NEW NAME (May require a legal document)

Salutation:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Last Name:				
First Name:				
Middle Name:				
Reason for Name Change:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Legal Action	
Effective Date:				

NEW ADDRESS and/or PHONE NUMBER

Street Address:			
Apt. # :			
City:			
State:			
Zip Code:			
Phone Number:	<input type="checkbox"/> Home ()	<input type="checkbox"/> Cell ()	
Effective Date:			

NEW EMERGENCY CONTACT

Name:			
Relationship :			
Complete Address:			
Phone:	<input type="checkbox"/> Home ()	<input type="checkbox"/> Work ()	<input type="checkbox"/> Cell ()

NOTE: Employees with health care coverage, whose personal data has changed, must also complete a separate form for the insurance company. Please call YSU's Benefits Office at (330) 941-3748 to obtain a form.

EMPLOYEE SIGNATURE (Please print, sign and send completed form to Human Resources for processing and distribution)

Signature (Required)	Date
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FOR HR USE (ORIGINAL: Human Resources -COPIES: Payroll, Employee's Department, Fringe Benefits) REVISED HR 07/09
 Date Received _____ Date Processed _____ By _____

