

**APPENDIX O-1**  
**SALARY DATA SHEET – FACULTY**

**Descriptive Information**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

\*\*\*\*\*

**[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]**

Massachusetts State College: \_\_\_\_\_

Department: \_\_\_\_\_

Rank: \_\_\_\_\_

Effective Date of Initial Appointment: \_\_\_\_\_

Salary Upon Appointment: \_\_\_\_\_

Temporary or Tenure-Track Appt: \_\_\_\_\_

Comments: \_\_\_\_\_

## Directions and Use of the Salary Data Sheet

The Salary Data Sheet will be used to establish your starting salary under the terms of the current Agreement between the Massachusetts Teachers Association and the Board of Higher Education. The Agreement provides that you must be paid a starting salary not less than that determined by the formula below, but you may receive a starting salary higher than the minimum required.

Please read carefully the entire Data Sheet before filling it out, and complete Parts II to VII where applicable.

The following rates are effective as of December 31, 2000.

**Please type or print in black ink.**

### **PART I. Minimum Salary Calculation**

[To be completed by Vice President, Academic Affairs]

Base Salary:	\$31,000	\$ _____
Academic Rank, add	Assistant Professor, \$5,000 Associate Professor, \$10,200 Professor, \$15,510	+\$ _____
If you possess a terminal degree, add \$2,225 (Part II)		+\$ _____
Number of years of full-time teaching experience at accredited two-year or four-year colleges/universities @ \$390/year (Part III)		+\$ _____
Number of years of full-time K-12 classroom experience @ \$390/year (Part IV)		+\$ _____
Number of years of full-time applicable professional experience @ \$112/year (Parts V and VI)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

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Please read carefully the entire Data Sheet before filling it out, and complete Parts II to VII where applicable.

The following rates are effective as of September 30, 2001.

**Please type or print in black ink.**

### PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs]

Base Salary:	\$32,165	\$ _____
Academic Rank, add	Assistant Professor, \$5,200 Associate Professor, \$10,600 Professor, \$16,100	+\$ _____
If you possess a terminal degree, add \$2,310 (Part II)		+\$ _____
Number of years of full-time teaching experience at accredited two-year or four-year colleges/universities @ \$405/year (Part III)		+\$ _____
Number of years of full-time K-12 classroom experience @ \$405/year (Part IV)		+\$ _____
Number of years of full-time applicable professional experience @ \$117/year (Parts V and VI)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

## Directions and Use of the Salary Data Sheet

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Please read carefully the entire Data Sheet before filling it out, and complete Parts II to VII where applicable.

The following rates are effective as of September 29, 2002.

**Please type or print in black ink.**

### PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs]

Base Salary:	\$33,2100	\$ _____
Academic Rank, add	Assistant Professor, \$5,350 Associate Professor, \$10,925 Professor, \$16,620	+\$ _____
If you possess a terminal degree, add \$2,385 (Part II)		+\$ _____
Number of years of full-time teaching experience at accredited two-year or four-year colleges/universities @ \$420/year (Part III)		+\$ _____
Number of years of full-time K-12 classroom experience @ \$420/year (Part IV)		+\$ _____
Number of years of full-time applicable professional experience @ \$121/year (Parts V and VI)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

**PART II. Degrees and Graduate Credits (Sections A and B)**

A. Degrees

Please list all earned degrees from an accredited college or university in chronological order according to the date awarded.

Name and Address of University or College	Degree	Field	Month & Year Awarded
			___/___
			___/___
			___/___
			___/___

B. Graduate Credits

(If you hold an earned doctorate degree, do not fill out this section.)

Please list all graduate credit hours earned by you and applicable to your field, including the hours of credit for which any masters degree was awarded.

Name and Address of University or College	Number of Graduate Credit Hours	Field	List Months & Years of Such Periods of Graduate Study in Your Field
			From: ___/___ To: ___/___
			From: ___/___ To: ___/___
			From: ___/___ To: ___/___

**PART III. Applicable Previous Full-Time College or University Teaching Experience**

Please list, in chronological order, all full-time teaching experience for which you were appointed to a full-time position as an instructor, assistant professor, associate professor or [full] professor at an accredited two-year or four-year college or university. Include any appointments as an instructor, assistant professor, associate or [full] professor at a Massachusetts State College.

Do not list any part-time teaching or any appointment which lasted less than two consecutive semesters. Any academic semester should be converted to 6 calendar months or one-half year. Any academic quarter should be converted to 3 calendar months or one-quarter year.

Name and Address of Accredited Four (4) or Two (2) Year College or University	Rank or Title & Department	List Month & Year of Each Appointment Date & Date of Completion of Service	Total Number of Years of Such Full-Time Experience
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	

**TOTAL YEARS OF EXPERIENCE**  
**(Deduct Any Years of Unpaid Absence)**

\_\_\_\_\_

**PART IV. Applicable only to Individuals Being Employed To Teach as (1) a Campus School Teacher or (2) in an Education Department**

Please list, in chronological order, all full-time K-12 teaching experience (including special education experiences as a classroom or learning resources center teacher, but excluding any period of employment as a guidance counselor or as an administrator).

Do not list any part-time teaching or any position which lasted less than two consecutive semesters. Any academic semester should be converted to 6 calendar months or one-half year. Any academic quarter should be converted to 3 calendar months or one-quarter year.

Name and Address of K-12 School System	Rank or Title & Department	List Month & Year of Each Appointment Date & Date of Completion of Service	Total Number of Years of Such Full-Time Experience
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	

**TOTAL YEARS OF EXPERIENCE** \_\_\_\_\_  
(Deduct Any Unpaid Leaves or Administrative Work)

**PART V. Other Full-Time Appropriate Professional Experience**

Only individuals hired to teach in the areas listed below are eligible for **Other Full-Time Appropriate Professional Experience**. Please list all prior full-time experience of at least one calendar year's duration of employment.

Do not list any experience which was held concurrently with any appointment listed in Parts III or IV of this Appendix 0-1. Round off months to the nearest quarter year.

<b>Category Code</b>	<b>Category Name</b>	<b>Category Code</b>	<b>Category Name</b>
1	Professional & Industrial Arts	6	Business Administration
2	Biological, Physical or Social Science Research in a recognized professional facility or laboratory	7	Journalism/Media/Public Relations
3	Social or Rehabilitative Services including Physical Therapy	8	Nursing/Licensed Medical Technician/Dietician
4	Communication Disorders	9	Maritime Service or the Navy
5	Computer Science	10	Aviation Science
		11	Engineering

<b>Name and Address (including ZIP code) of the Organization</b>	<b>Rank or Title</b>	<b>Category Code</b>	<b>List Month &amp; Year of Such Appointment Date &amp; Date of Completion of Service</b>	<b>Total Number of Years of Such Full-Time Experience</b>
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	

(If necessary, please use additional space on the next page.)

Name and Address (including ZIP code) of the Organization	Rank or Title	Category Code	List Month & Year of Such Appointment Date & Date of Completion of Service	Total Number of Years of Such Full-Time Experience
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	
			From: ___/___ To: ___/___	

**TOTAL YEARS OF PROFESSIONAL EXPERIENCE** \_\_\_\_\_

**PART VI. Separate Additional Information Which May Be Considered**

You may list below any other information pertaining to Parts II through V above which you believe may be considered. Please provide the documentation you think necessary, including organization, address, title, dates, and responsibilities.

**PART VII. Certification**

Your signature certifies that all statements and information contained on this data sheet are true, accurate and complete. Your answers to this data sheet are subject to verification.

**Certification Checklist:**

(You must complete each applicable section and sign the Data Sheet.)

- (1) I understand that my academic transcripts must be in my Official Personnel File. I have made arrangements with the institution(s) from which I was awarded my degree(s) for a certified copy of my academic transcript(s) to be mailed directly to the Academic Vice President within 60 days. \_\_\_\_\_
- (2) I have completed the Data Sheet (Descriptive Information and Parts II through VII, where applicable). \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SEE NEXT PAGE.**

**SUMMARY SHEET**

**[To be completed by Vice President, Academic Affairs]**

Name: \_\_\_\_\_

Date of initial full-time faculty appointment  
at a Massachusetts State College: \_\_\_\_\_

Use Applicable Rank Code Rank at Appointment

- (A) [full] Professor
  - (B) Associate Professor
  - (C) Assistant Professor
  - (D) Instructor
- \_\_\_\_\_

Part II. Does the individual hold a terminal degree?  
(see Page 3) \_\_\_\_\_  
(yes or no)

Part III to VI. Please indicate in the space for each applicable part the total number of years of full-time experience. Please be sure that each unpaid leave of absence has been deducted.

years/months

Part III. Full-time College/University Teaching  
(see Page 4) \_\_\_\_\_/\_\_\_\_\_

Part IV. Full-time K-12 Teaching for  
(1) Campus School Teachers, or  
(2) Education Depts. (see Page 5) \_\_\_\_\_/\_\_\_\_\_

Part V & VI. Appropriate Professional Experience  
(see Pages 6, 7 & 8) \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature – Academic Vice President

\_\_\_\_\_  
Date

**APPENDIX O-2**  
**SALARY DATA SHEET – LIBRARIANS**

**Descriptive Information**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

\*\*\*\*\*

**[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]**

Massachusetts State College: \_\_\_\_\_

Department: \_\_\_\_\_

Rank: \_\_\_\_\_

Effective Date of Initial Appointment: \_\_\_\_\_

Salary Upon Appointment: \_\_\_\_\_

Temporary or Tenure-Track Appt: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Please type or print in black ink.**

### **PART I. Minimum Salary Calculation**

[To be completed by Vice President, Academic Affairs]

Base Salary:	\$31,000	\$ _____
Academic Rank, add	Associate Librarian, \$5,000 Librarian, \$10,200 Senior Librarian, \$15,510	+\$ _____
If you possess a terminal degree, add \$2,225 (Part II)		+\$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities @ \$390/year (Part III)		+\$ _____
Number of years of full-time applicable professional experience @ \$112/year (Parts IV and V)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

## Directions and Use of the Salary Data Sheet

The Salary Data Sheet will be used to establish your starting salary under the terms of the current Agreement between the Massachusetts Teachers Association and the Board of Higher Education. The Agreement provides that you must be paid a starting salary not less than that determined by the formula below, but you may receive a starting salary higher than the minimum required.

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The following rates are effective as of September 30, 2001.

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### **PART I. Minimum Salary Calculation**

[To be completed by Vice President, Academic Affairs]

Base Salary:	\$32,165	\$ _____
Academic Rank, add	Associate Librarian, \$5,200 Librarian, \$10,600 Senior Librarian, \$16,100	+\$ _____
If you possess a terminal degree, add \$2,310 (Part II)		+\$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities @ \$405/year (Part III)		+\$ _____
Number of years of full-time applicable professional experience @ \$117/year (Parts IV and V)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

## Directions and Use of the Salary Data Sheet

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The following rates are effective as of September 29, 2002.

**Please type or print in black ink.**

### **PART I. Minimum Salary Calculation**

[To be completed by Vice President, Academic Affairs]

Base Salary:	\$33,210		\$ _____
Academic Rank, add	Associate Librarian,	\$5,350	
	Librarian,	\$10,925	
	Senior Librarian,	\$16,620	+\$ _____
If you possess a terminal degree, add			
	\$2,385 (Part II)		+\$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities @ \$420/year (Part III)			+\$ _____
Number of years of full-time applicable professional experience @ \$121/year (Parts IV and V)			+\$ _____
Minimum Salary (Add all lines above)			=\$ _____

**PART II. Degrees and Graduate Credits (Sections A and B)**

A. Degrees

Please list all earned degrees from an accredited college or university in chronological order according to the date awarded.

Name and Address of University or College	Degree	Field	Month & Year Awarded
			___/___
			___/___
			___/___
			___/___

B. Graduate Credits

(If you hold an earned doctorate degree, do not fill out this section.)

Please list all graduate credit hours earned by you and applicable to your field, including the hours of credit for which any masters degree was awarded.

Name and Address of University or College	Number of Graduate Credit Hours	Field	List Months & Years of Such Periods of Graduate Study in Your Field
			From: ___/___ To: ___/___
			From: ___/___ To: ___/___
			From: ___/___ To: ___/___

**PART III. Applicable Previous Full-Time Librarian Experience at an Accredited Two (2) or Four (4) Year College or University**

Please list, in chronological order, all full-time experience for which you were appointed to a full-time position as a professional librarian at an accredited two-year or four-year college or university. Include any appointments as a full-time professional librarian at a Massachusetts State College.

Do not list any non-professional librarian experience or any appointment which lasted less than one calendar year. Round off calendar months to the nearest quarter.

Name and Address of Accredited Four (4) or Two (2) Year College or University	Rank or Title & Department	List Month & Year of Each Appointment Date & Date of Completion of Service	Total Number of Years of Such Full-Time Experience
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	

**TOTAL YEARS OF EXPERIENCE**  
**(Deduct Any Years of Unpaid Absence)**

\_\_\_\_\_

**PART IV. Other Full-Time Appropriate Professional Experience**

Only librarians who have worked in a professional capacity in a non-academic library setting are eligible for **Other Full-Time Appropriate Professional Experience**. Please list all such prior full-time appropriate experience of at least one calendar year's duration of employment.

Do not list any experience which was held concurrently with any appointment listed in Part III of this Appendix O-2. Round off months to the nearest quarter year.

Name and Address (including ZIP code of the Organization)	Rank or Title	List Month & Year of Such Appointment Date & Date of Completion of Service	Total Number of Years of Such Full-Time Experience
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	
		From: ___/___ To: ___/___	

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**PART VI. Certification**

Your signature certifies that all statements and information contained on this data sheet are true, accurate and complete. Your answers to this data sheet are subject to verification.

**Certification Checklist:**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SEE NEXT PAGE.**

**SUMMARY SHEET**

**[To be completed by Vice President, Academic Affairs]**

Name: \_\_\_\_\_

Date of initial full-time professional librarian appointment  
at a Massachusetts State College: \_\_\_\_\_

Use Applicable Rank Code Rank at Appointment

(A) Senior Librarian

(B) Librarian

(C) Associate Librarian

(D) Assistant Librarian

(E) Library Associate

\_\_\_\_\_

Part II. Does the individual hold a terminal degree?  
(see Page 3)

\_\_\_\_\_

(yes or no)

Part III to V. Please indicate in the space for each applicable part the total  
number of years of full-time experience. Please be sure that each  
unpaid leave of absence has been deducted.

years/months

Part III. Full-time College/University Librarian  
(see Page 4)

\_\_\_\_\_/\_\_\_\_\_

Part IV and V. Appropriate Professional Experience (see  
Pages 5 and 6)

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature – Academic Vice President

\_\_\_\_\_  
Date