

**Non-Union Educational Support Personnel**

**Exhibit – Non-Union Educational Support Personnel Notice**

**Statement of Benefits  
(School Year)**

**Name:** (Insert Name)  
**Position:** (Insert Position)

**Salary Information:**

- Annualized salary amount \$(Insert Amount)
- Hourly rate (if applicable) \$(Insert Amount)

**Fringe Benefits:**

- FICA \$ (Insert Amount)
- Pension (IMRF) \$ (Insert Amount)
- Health Insurance (PPO single coverage) \$ (Insert Amount)
- Dental Insurance (single coverage) \$ (Insert Amount)
- Life Insurance \$ (Insert Amount)
- Workers Compensation Insurance \$ (Insert Amount)
- EAP \$ (Insert Amount)

**Total Compensation** \$(Insert Total)

Reviewed: May 17, 2004  
Adopted: August 23, 2004  
Revisions Adopted: August 2, 2010