

ACTION ITEM

Date: May 18, 2020

To: Kari Cremascoli, Ph.D., Superintendent

From: Heather Glowacki, Ed.D., Assistant Superintendent

Subject: Letter of Agreement (LOA) for Support Staff Union (SSU) Contract Extension

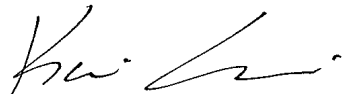
PROPOSED ACTION BY THE BOARD OF EDUCATION

Motion to approve the attached the Letter of Agreement extending the contract for Support Staff Union members.

BACKGROUND

This Letter of Agreement extends the existing benefits for SSU members through July 31, 2022. The Letter of Agreement also modifies Article XVII, Section 1 Compensation of the Collective Bargaining Agreement between the Support Staff Union and the Wilmette Public Schools District 39 for the 2020-2021 and 2021-2022 school years.

**Recommended for approval
by the Board of Education**



**Kari Cremascoli, Ph.D.
Superintendent**

Letter of Agreement
Between

Support Council of District 39 Wilmette Local 1274, IFT/AFT
and
Wilmette Public Schools District 39

The Support Council of District 39 Wilmette Local 1274 and the Board of Education of the Wilmette Public Schools District 39 agree to a two-year extension of the 2012-2020 collective bargaining agreement (CBA). The new expiration date of the CBA will be July 31, 2022.

The extension of the CBA includes:

ARTICLE XVII— SALARY AND FRINGE BENEFITS

SECTION 1 — COMPENSATION

Effective August 1, 2020, each employee covered by this Agreement shall receive a salary increase of 4%.

Effective August 1, 2021, each employee covered by this Agreement shall receive a salary increase equal to the Consumer Price Index (“CPI”) reported for the calendar year January 1, 2019 through December 31, 2019, which is 2.3%.

This section does not apply to Occupational or Physical Therapists whose compensation is detailed in the OT/PT section of this Agreement. All other terms and conditions in the Agreement shall continue and remain in full force and effect.

**Support Council of District 39 Wilmette
Local 1274, IFT/AFT**

**BOARD OF EDUCATION
WILMETTE SCHOOL
DISTRICT 39**

By: _____
President

By: _____
President

Date: _____

Date: _____

ATTEST:

By: _____
Secretary