



PRIVATE SCHOOLS FOR THE DISABLED

2004-2005

ANNUAL FISCAL AND PROGRAM INFORMATION

2004-2005 FISCAL INFORMATION
GENERAL INSTRUCTIONS

1. The **2004-2005** Annual Fiscal & Program Information form is in an Excel file format with a separate sheet for each page of the form with user friendly input features. This is a request for budgeted information for the 2004-2005 school year. However, if an employee has left the private school prior to completing this form, please indicate the employee's actual salary for the time period the individual was employed.

Please name the Excel file for your school by the name of the school and the fiscal year. For example, if the school name is ABC School, please name the Excel file as ABC School 04-05.xls. This Excel file has been protected and formatted to receive only the data required in the requested format as each page has been formatted to accept and suitably display the answers being entered.

2. On page one, complete the information requested at the top of the page. In column one, enter the 2004-2005 Projected Enrollment for Public School Placement by Type of Program and total the column. In columns two and three, enter the 2004-2005 Projected Enrollment of Private Placements by either "In-State" or "Out-Of-State" and total these columns. Enter in column four, the Total Pupils from columns one through three. Enter the number of classes by Type of Program in column five.
3. On page two, enter the requested information under Ten Month School Year and Extended School Year and complete with the names, phone number, fax number and email address for each indicated job title.
4. On page three, complete the Affidavit which requires the official seal and signature of a Notary Public and the signatures of various private school representatives.
5.
 - a. Pages have been provided for each of the following cost categories for employees: 1) General Administration, School Administration and Business and Other Support Employees, 2) Classroom Instruction and 3) Support Services.
 - b. **Do not include employees that are considered extraordinary services (one-to-one aides). In addition do not include the employees that are in the Operation & Maintenance of Plant, Student Transportation Services and Food Services areas.**
 - c. If an individual is working in more than one position, all positions and information by job title must be indicated on these forms. For example, a director who is also a school social worker must indicate the two positions on the forms along with all the requested information for each position. In addition, a school social worker who is also a physical therapist must indicate the two positions on the forms along with all the requested information for each position. Please refer to the attached SAMPLE FORMS for an example of director/school, school social worker positions for Joe Shore and school social worker/physical therapist positions for Betty Shore.
6.
 - a. On pages four through six, column #1, enter the position titles for all employees whose salary is charged to any of the account numbers listed on the top of the page.
 - b. On pages four through six, column #2, enter each Employee's Name – last name followed by the first name for all employees whose salary is charged to any of the account numbers listed at the top of the page.
 - c. On pages four through six, column #3, enter the employee's total organization salary in column #3A and total school salary in column #3B (7/1/2004-6/30/2005) of all employees whose salary is charged to any of the account numbers listed at the top of the page.

6.
 - d. As indicated above, the amounts entered in columns #3A and 3B must be the salary for the 7/1/2004 to 6/30/2005 school year. If an employee earns \$36,000 in the ten month school year and \$6,000 in the extended school year, the total of \$42,000 must be entered in columns #3A & 3B (not employed anywhere else in the organization). Do not indicate the amounts separately. If an employee was only employed in the extended school year (not employed anywhere else in the organization) and earned \$5,000, then the amount of \$5,000 must be entered in columns #3A and 3B and "ESY" must be inserted in column #6.
 - e. If the organization (corporation, partnership) operates only a private school for the disabled and the employee only works for the private school, the amounts in columns #3A and 3#B will be the same as will the hours in columns #6 and #7.
 - f. If the organization (corporation, partnership) operates more than one private school for the disabled and the employee works for more than one private school, the amount in columns #3A will be the total salary in the organization and 3#B will be the salary (by private school) for the specific private school. For example, Jane Doe works for Special Education, Inc. which operates three private schools and Jane earns the following salaries: School A - \$50,000, School B - \$30,000 and School C - \$20,000. The forms for the schools will be as follows: School A – column #3A - \$100,000 and column #3B - \$50,000, School B – column #3A - \$100,000 and column #3B - \$30,000, and School C – column #3A - \$100,000 and column #3B - \$20,000.
 - g. If a profit school owner(s) operates more than one private school for the disabled (separate corporations) or a non-profit organization operates more than one non-profit school (separate corporations) and the employee works for more than one of these private schools, the amount in columns #3A will be the total salary of all organizations and 3#B will be the salary (by private school) for the specific private school. For example, Jane Doe works for ABC School One, Inc., ABC School Two, Inc, and ABC School Three, Inc. and Jane earns the following salaries: School One - \$50,000, School B - \$30,000 and School C - \$20,000. The forms for the schools will be as follows: School One – column #3A - \$100,000 and column #3B - \$50,000, School Two – column #3A - \$100,000 and column #3B - \$30,000, and School Three – column #3A - \$100,000 and column #3B - \$20,000.
 - h. If the organization (corporation, partnership) has more than one component and the employee works for the private school and another component(s) other than a private school, the employee's total organization salary must be entered in column #3A and the portion attributed to the private school must be entered in column #3B. For example, if Joe Doe earns a total organization salary of \$160,000 and works 25% of his time in the private school, \$160,000 must be entered in column #3A and \$40,000 must be entered in column #3B.
7. On pages four through six, column #4, enter the employment status for 2004-2005 of the employees, indicating whether the employee is full-time with a (F) or part-time with a (P). Whether an employee is full-time or part-time is based on the determination made by the private school for employment in the organization as a whole but this indication must be consistent.
8. On pages four through six, column #5, enter the total number of months the employee is employed in the 2004-2005 school year. An employee working a partial month is considered working the entire month. As an example, a teacher working from September 2004 through June 15, 2005 is considered a 10 month employee or an administrator working from July 15, 2004 through June 15, 2005 is considered a 12 month employee.

9.
 - a. On pages four through six, column #6, enter the total hours the employee works per week in the organization. If the private school isn't a stand alone organization, it's possible for an employee to work in both the private school and another part of the organization. If an employee works a total of 40 hours per week in the organization but only 20 hours for the private school, please enter 40 in column #6 and 20 in column #7.
 - b. From the example in #6f, if the employee works for an organization with three private schools, the forms for the schools will be reported as follows: School A – column #6 – 40 and column #7 - 20, School B – column #6 – 40 and column #7 - 12, and School C – column #6 – 40 and column #7 - 8.
 - c. From the example in #6h, if the employee works for an organization that has more than one component and the employee works for the private school and another component(s) other than a private school, the employee's hours will be reported as follows: column #6 – 40 and column #7 – 10.
10. On pages four through six, column #7, enter the total hours the employee works in the private school per week. The number of hours indicated in column #7 may not exceed the number of hours indicated in column #6. See item #6 for examples of employees working in multiple private schools and/or working in a private school and another component in the organization.
11. On pages four through six, column #8, enter all school certifications held by the employee. Indicate "None" if the employee does not hold any type of school certification.
12. On pages four through six, column #9, enter the highest degree held by the employee. For example, if an employee has two bachelor's degrees and one master's degree, the master's degree should be inserted. Indicate "None" if the employee does not hold any type of college degree.
13. On pages four through six, column #10, enter all licenses held by the employee. Indicate "None" if the employee does not hold any type of license.
14. Complete pages 7 through 14 based on the information requested.
15. As a reminder, please name the Excel file for your school by the name of the school and the fiscal year. For example, if the school name is ABC School, please name the Excel file as ABC School 04-05.xls. Please return a hard copy of pages 1 through 14 of the form and the affidavit which requires the official seal and signature of a Notary Public and the signatures of various private school representatives. Retain a copy for your files **and** forward a floppy disk of file to the department or email a copy of the file to Elise Sadler-Williams at Elise.Sadler-Williams@doe.state.nj.us.

Elise Sadler-Williams, Education Planner
New Jersey State Department of Education
Division of Finance
100 River View Plaza
P.O. Box 500
Trenton, NJ 08625-0500

SAMPLE FORM

LISTING OF GENERAL ADMIN, SCHOOL ADMIN, BUSINESS AND OTHER SUPPORT EMPLOYEES
ACCOUNT #s 11-000-230-100, 11-000-240-103, 11-000-240-104, 11-000-240-105, 11-000-240-110, 11-000-290-100
2004-2005

| 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------------------------------|--------------------------------|---|---|--------------------------------|--------------------------------|--------------------|---|--------------------------------|------------------------|------------------------|
| POSITION TITLE | EMPLOYEE'S NAME Last, First | TOTAL AGENCY SALARY 7/1/04 – 6/30/05 | TOTAL SCHOOL SALARY 7/1/04 – 6/30/05 | FULL-TIME (F) PART-TIME (P) | 10, 11 OR 12 MONTH EMPLOYEE | TOTAL HRS PER WEEK | TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK | LIST ALL CERTIFICATION(S) HELD | HIGHEST DEGREE(S) HELD | LIST ALL LICENSES HELD |
| Director | Roast, Chuck | 115,000 | 95,000 | F | 12 | 40 | 30 | School Administrator | MS | None |
| Director | Shore, Joe | 90,000 | 50,000 | F | 12 | 40 | 40 | School Administrator | MS | None |
| Assistant Director | Ware, Della | 80,000 | 80,000 | F | 12 | 40 | 40 | Principal / Supervisor | MS | None |
| Secretary | Goat, Billy | 30,000 | 30,000 | P | 12 | 20 | 20 | None | AA | None |
| Clerical | Lettuce, Romaina | 30,000 | 30,000 | F | 10 | 40 | 40 | None | None | None |
| Principal – High School | Roast, Chuck | 115,000 | 20,000 | F | 12 | 40 | 10 | Principal / Supervisor | MS | None |
| Assistant Principal – High School | Class, Hy | 45,000 | 45,000 | F | 10 | 40 | 40 | Principal / Supervisor | MS | None |
| Clerical | Lettuce, Hedda | 30,000 | 30,000 | F | 10 | 40 | 40 | None | None | None |
| Business Manager | Force, Gail | 70,000 | 70,000 | F | 12 | 40 | 40 | None | BS | CPA |
| Bookkeeper | Nerve, Lotta | 20,000 | 20,000 | P | 11 | 20 | 20 | None | None | None |
| Bookkeeper | Thief, Jule | 20,000 | 20,000 | P | 11 | 20 | 20 | None | None | None |
| Clerical | Lettuce, Iceberga | 30,000 | 30,000 | F | 10 | 40 | 40 | None | None | None |

*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.

SAMPLE FORM

LISTING OF CLASSROOM INSTRUCTION EMPLOYEES

ACCOUNTS #s 11-200-100-101, 11-200-100-104, 11-200-100-106, 11-320-100-101, 11-320-100-106, 11-000-211.1-100, 11-000-213.1-100, 11-000-216-100, 11-000-222.1-101
2004-2005

| 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------------|--------------------------------|---|--|--|-----------------------------------|-----------------------------|---|---|------------------------------|---------------------------------|
| POSITION TITLE | EMPLOYEE'S NAME Last, First | (A) TOTAL ORGAN Z. SALARY 7/1/04 – 6/30/05 | (B) TOTAL SCHOOL SALARY 7/1/04 – 6/30/05 | FULL- TIME (F) PART- TIME (P) | 10, 11 OR 12 MONTH EMPLOYEE | TOTAL HRS PER WEEK | TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK | LIST ALL CERTIFICATION(S) HELD | HIGHEST DEGREE(S) HELD | LIST ALL LICENSES HELD |
| Teacher of the Handicapped | Teach, Good | 65,000 | 65,000 | F | 10 | 30 | 30 | TOH | MA | None |
| Teacher of the Handicapped | Worthy, Amnot | 15,000 | 15,000 | F | 10 | 30 | 30 | TOH | BS | None |
| Teacher of the Handicapped | Worthy, Am | 17,000 | 15,000 | F | 10 | 30 | 30 | TOH | BS | None |
| Home Economics | Wond, Delores | 40,000 | 40,000 | F | 10 | 30 | 30 | Teacher of Home Econ. | BS | None |
| Health | Coleman, Gina | 18,500 | 18,500 | F | 10 | 30 | 30 | Teacher of Health Educ. | MA | None |
| Art | Brush, Greg | 25,000 | 25,000 | P | 10 | 15 | 15 | Teacher of Art | MS | None |
| Automotive | Wond, Bob | 40,000 | 40,000 | F | 10 | 30 | 30 | Auto Mechanics | BS | None |
| Spanish | Lund, Bill | 40,000 | 40,000 | F | 10 | 20 | 20 | Spanish | MA | None |
| French | Lund, Joe | 40,000 | 40,000 | F | 10 | 20 | 20 | French | MA | None |
| School Social Worker | Shore, Joe | 90,000 | 40,000 | F | 10 | 40 | 40 | School Social Worker | MSW | None |
| School Social Worker | Shore, Betty | 100,000 | 50,000 | F | 12 | 40 | 20 | School Social Worker | MSW | None |
| Physical Therapist | Shore, Betty | 100,000 | 50,000 | F | 12 | 40 | 20 | Physical Therapist | MA | None |
| Physical Therapist | Jones, Milt | 50,000 | 40,000 | F | 10 | 40 | 32 | Physical Therapist | MA | None |
| Occupational Therapist | Jones, Steve | 50,000 | 40,000 | F | 10 | 40 | 32 | Occupational Therapist | MA | None |
| Speech Correction | Jones, Tood | 50,000 | 40,000 | F | 10 | 40 | 32 | Speech Correction | MA | None |
| School Psychologist | Freud, George | 80,000 | 80,000 | F | 12 | 40 | 40 | School Psychologist | MA | None |

*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.

SAMPLE FORM

LISTING OF SUPPORT SERVICES EMPLOYEES

**ACCOUNTS # s 11-000-211-100, 11-000-213-100, 11-000-218-104, 11-000-218-105, 11-000-218-110, 11-000-221-102, 11-000-221-104, 11-000-221-105, 11-000-221-110, 11-000-222-100, 11-000-222-101, 11-000-223-102, 11-000-223-104, 11-000-223-105, 11-000-223-110
2004-2005**

| 1 | 2 | 3 | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------------------------------|-----------------------------------|--|---|--|-----------------------------------|-----------------------------|---|---|------------------------------|---------------------------------|
| POSITION TITLE | EMPLOYEE'S NAME Last, First | (A) TOTAL ORGANZ. SALARY 7/1/04 – 6/30/05 | (B) TOTAL SCHOOL SALARY 7/1/04 – 6/30/05 | FULL- TIME (F) PART- TIME (P) | 10, 11 OR 12 MONTH EMPLOYEE | TOTAL HRS PER WEEK | TOTAL HRS WORKED IN PRIVATE SCHOOL PER WEEK | LIST ALL CERTIFICATION(S) HELD | HIGHEST DEGREE(S) HELD | LIST ALL LICENSES HELD |
| Super. Curriculum and Instruction | Tood, Bob | 80,000 | 80,000 | F | 12 | 40 | 40 | Super. Curr. & Instruc. | MA | None |
| Secretary | Goat, Bob | 30,000 | 30,000 | P | 12 | 20 | 20 | None | None | None |
| Clerical | Lettuce, Hedda | 30,000 | 30,000 | F | 10 | 40 | 40 | None | None | None |
| Registered Nurse | Nightingale, Flo | 60,000 | 60,000 | F | 12 | 40 | 40 | None | MA | RN |
| Attendance Officer | Freud, Bob | 80,000 | 80,000 | F | 12 | 40 | 40 | None | MA | None |
| Education Media Specialist | Shore, Albert | 50,000 | 50,000 | F | 10 | 30 | 30 | None | MSW | None |
| Assistant Education Media Specialist | Shore, Almon | 40,000 | 40,000 | F | 10 | 30 | 30 | None | MSW | None |
| Supervisor of Instruction | Cross, Chris | 100,000 | 50,000 | F | 12 | 40 | 20 | Supervisor | MA | None |
| Computer Technology | Brush, Steve | 25,000 | 25,000 | P | 10 | 15 | 15 | Computer Science Tech. | MS | None |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*All columns must be completed in order for the form to be considered complete. Please indicate NONE in columns 8, 9 or 10 for those individuals with no certification/degree/license. Please indicate ALL certifications, licenses and the highest degrees for each staff member.