

APPENDIX O-2
SALARY DATA FORM – LIBRARIANS

Descriptive Information

Date: _____

Full Name: _____

Birth Date: _____

[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]

Massachusetts State College: _____

Rank: _____

Effective Date of Initial Appointment: _____

Salary Upon Appointment: _____

Temporary or Tenure-Track Appt: _____

If Temporary, Length of Appointment: _____

Comments: _____

Directions and Use of the Salary Data Form

The Salary Data Form 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 Form before filling it out, and complete Parts II to VI where applicable.

Please type or print in black ink.

PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs]

The following rates are effective from March 1, 2005, through June 30, 2005.

Base Salary:	\$34,618	\$ _____
Academic Rank, add	Associate Librarian, \$5,614 Librarian, \$11,459 Senior Librarian, \$17,428	+\$ _____
If the individual has secured a terminal degree, add \$2,457 (Part II)		+\$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities @ \$433/year (Part III)		+\$ _____
Number of years of full-time applicable professional experience @ \$125/year (Parts IV and V)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

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PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs]

The following rates are effective from July 1, 2005 through June 30, 2006.

Base Salary:	\$36,069	\$ _____
Academic Rank, add	Associate Librarian, \$5,885 Librarian, \$12,009 Senior Librarian, \$18,260	+\$ _____
If the individual has secured a terminal degree, add \$2,531 (Part II)		+\$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities @ \$446/year (Part III)		+\$ _____
Number of years of full-time applicable professional experience @ \$129/year (Parts IV and V)		+\$ _____
Minimum Salary (Add all lines above)		= \$ _____

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PART I. Minimum Salary Calculation

[To be completed by Vice President, Academic Affairs]

The following rates are effective as of July 1, 2006.

Base Salary:	\$37,563	\$ _____
Academic Rank, add	Associate Librarian, \$6,165 Librarian, \$12,575 Senior Librarian, \$19,117	+\$ _____
If the individual has secured a terminal degree, add \$2,607 (Part II)		+\$ _____
Number of years of full-time work experience at accredited two-year or four-year colleges/universities @ \$459/year (Part III)		+\$ _____
Number of years of full-time applicable professional experience @ \$133/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: ___/___	

TOTAL YEARS OF PROFESSIONAL EXPERIENCE _____

PART V. Separate Additional Information Which May Be Considered

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

PART VI. Certification

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

Certification Checklist:

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

- (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 Form (Descriptive Information and Parts II through VI, where applicable). _____

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: _____

<u>Use Applicable Rank Code</u>	<u>Rank at Appointment</u>
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(A) Senior Librarian

(B) Librarian

(C) Associate Librarian

(D) Assistant Librarian

(E) Library Associate

Part II. Has the individual secured 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