

Tentative Agreement Narrative

Salary Improvements

Year 2023-2024

- 6.05% across all schedules
- 1.34% **advanced** for 22-23 will remain on the Schedule
- COLA - May revised number will be used

Year 2024-2025

- One step across all salary tables (each step is 4% higher than the previous step)
- COLA less 2% shall be applied to all schedules across the board

Year 2025-2026

- One step across all salary tables (each step is 4% higher than the previous step)
- COLA less 2% shall be applied to all schedules across the board

SCFA Conversions

1. Members currently pay \$85 a month for health care. Under this agreement we will pay an extra \$65 a month more for healthcare in addition to the current \$85 (total is now \$150/mo)
2. **NEW HIRE** Retiree Health care conversions
 - For faculty hired **after** June 30, 2023, remove retiree dental language that allows cash instead of the dental plan.
 - For faculty hired **after** June 30, 2023, remove retiree health care coverage for a dependent.
 - For faculty hired **after** June 30, 2023, there will be no Medicare Part-B reimbursement.
 - For faculty hired **after** June 30, 2023, retiree health care coverage will be for 5 years

Narrative for salary and conversions

1. The team felt that the increase of \$65/month was reasonable in exchange for the significant salary increases. Moving the money to the salary schedule will boost STRS in retirement. Money for health care is also pre-taxed. In actual dollars putting the money on the salary schedule in exchange for monthly pretax health care cost has more value for members.
2. Changes to retiree healthcare. Please note that this is for **NEW hires only. No current full-time faculty employed by SCC before June 30, 2023 will be impacted by these changes.**

The team discussed these items at length over many weeks (the exec board also weighed in). On the one hand health care in retirement is an important benefit. On the other hand a significant salary increase, accrued over someone's working life (usually 20-30 years), also has value. Increases on the salary schedule will make SCC more attractive to prospective faculty. The team agreed that there is more value on the salary schedule now, throughout one's career and into retirement (remember again that more money on the schedule increases STRS value).

Evaluations and Workload (Overload)

One of the district's interests was new evaluation language. Per the practice of Interest-based bargaining (IBB) both sides worked on the article. Part of the salary increase was dependent on new evaluation language.

Evaluations are now called "Performance Reviews" in the contract and have been updated for teaching faculty, librarians, and counselors. Each group had representatives that gave input into the language and forms.

The deal struck for evaluations is related to workload. The fall 2023 workload MOU states that faculty must teach a minimum of 40% face-to-face load but may teach overload in any modality. However, previous contract language (that was in place pre-covid) stated that faculty may NOT teach overload online. The district's initial interest was to fall back to previous contract language, but in the end agreed to allow overload in any modality in exchange for improved evaluation language and a requirement that faculty who wish to teach online complete 6 hours of yearly training dedicated to online teaching. The interest is that faculty teaching online should stay current with updates in software, protocols, the LMS, etc. This training may be completed as part of flex requirements and include SCC sponsored classes, @One, and other approved classes.

Grievance

This item was brought by the district but both sides agreed that some of the old language was confusing and that a more streamlined and clear process is beneficial to both sides.

Other

Although not part of this year's bargaining, the district team met with Erin Farmer, myself and adjunct representatives Pam Muick, Ashlie Lawson and Wini Hunton-Chan to discuss the criteria and requirements of the newest state adjunct health care program. Discussions will continue next fall to determine feasibility.