

# ROCK RIDGE PUBLIC SCHOOLS

## Salary and Benefits for the Special Education Director

**Stephanie Jaspersen-Agenes**

**Work Year July 1, 2026 through June 30, 2028**

**Salary:** 2026-2027: As per Rock Ridge Principals Association contract - Rock Ridge High School 240 day work schedule, salary - **\$136,818.15**

2027-2028: As per Rock Ridge Principals Association contract - Rock Ridge High School 240 day work schedule, salary - **\$136,818.15**

**Supervisor:** Superintendent

**Work Day** = Normally 8 hours exclusive of lunch with more time as needed to meet the needs of the district. However, this position may require longer hours to lead the Special Education department. Expectation to work on days that school is called off for inclement weather. After consultation with the superintendent, work hours and days may be adjusted when school is not in session.

**Work Days** = 240 days

**Sick Leave** = 20 days accumulative to a maximum of 140. This includes bereavement leave.

This individual contract will follow the Rock Ridge High School Principal contract in language, benefits and wording contained in the Rock Ridge Principals Association.

**Health Insurance:** Benefits to follow the Rock Ridge Principal Association contract.

**Tax-Sheltered Annuities:** Benefits to follow the Rock Ridge Principal Association contract.

**Dental Insurance:** Benefits to follow the Rock Ridge Principal Association contract.

**Life Insurance:** Benefits to follow the Rock Ridge Principal Association contract.

**Long Term Disability Insurance:** Benefits to follow the Rock Ridge Principal Association contract.

**Health Care Savings Plan:** Benefits to follow the Rock Ridge Principal Association contract.

**Paid Professional Organizations:** 100% annually. (MASA, MASE, CASE, AASA)

The purpose of this document is to set the wages and benefits for the listed position, it is not intended to serve as an employment contract. The district reserves the right to reduce or eliminate the listed position at any time or to terminate the employee for just cause. Signatures below indicate an understanding and acceptance of the terms of this document.

Signature of Employee \_\_\_\_\_ Date of Employee's Signature \_\_\_\_\_

Signature of Board Chair \_\_\_\_\_ Date of Chair's Signature \_\_\_\_\_

Signature of Board Clerk \_\_\_\_\_ Date of Clerk's Signature \_\_\_\_\_