

APPENDIX O-1
SALARY DATA FORM: FACULTY

Descriptive Information

Date: _____

Full Name: _____

Date of Birth: _____

[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]

Massachusetts State University: _____

Department: _____

Rank: _____

Effective Date of Appointment: _____

Salary upon Appointment: _____

Temporary or Tenure-track Appointment: _____

If Temporary, Length of Appointment
(semester/year, etc., but not more than three years): _____

Comments: _____

Directions and Use of the Salary Data Form

The Salary Data Form will be used to help 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 Salary Data Form before filling it out and complete Parts II through VII, 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 the first full pay period of July, 2023.

Base Salary: \$49,314 \$ _____

Academic Rank Assistant Professor: \$8,095
Associate Professor: \$16,511
Professor: \$25,100 + \$ _____

If he/she possess a terminal degree (Part II): \$3,428 + \$ _____

Number of years of full-time teaching experience at an accredited two-year or four-year colleges or universities (Part III): \$605 per year + \$ _____

Number of years of full-time K–12 classroom teaching experience **plus** full-time post-doctoral experience (Part IV): \$605 per year + \$ _____

Number of years of full-time applicable professional experience (Parts V and VI): \$180 per year + \$ _____

Minimum Salary (add all lines above)
= \$ _____

The following rates are effective the first full pay period of January, 2024.

Base Salary:	\$51,287	\$ _____
Academic Rank	Assistant Professor: \$8,419	
	Associate Professor: \$17,171	
	Professor: \$26,104	+ \$ _____
If he/she possess a terminal degree (Part II):	\$3,566	+ \$ _____
Number of years of full-time teaching experience at an accredited two-year or four-year colleges or universities (Part III):	\$629 per year	+ \$ _____
Number of years of full-time K–12 classroom teaching experience plus full-time post-doctoral experience (Part IV):	\$629 per year	+ \$ _____
Number of years of full-time applicable professional experience (Parts V and VI):	\$187 per year	+ \$ _____
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 College or University	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 master's degree was awarded.

Name and Address of College or University	Number of Graduate Credit Hours	Field	List Month/Year of Such Periods of Graduate Study
			From: ____/____ To: ____/____
			From: ____/____ To: ____/____
			From: ____/____ To: ____/____

PART III. Applicable Previous Full-time Teaching Experience at an Accredited Two-year or Four-year College or University

Please list, in chronological order, all full-time teaching experience for which you were appointed to a full-time position at the rank of Instructor, Assistant Professor, Associate Professor or Professor at an accredited two-year or four-year college or university. Include any appointments as an Instructor, Assistant Professor, Associate Professor or Professor at a Massachusetts State University/College.

Do not list any part-time teaching or any appointment that lasted less than two consecutive semesters. Any academic semester should be converted to six (6) calendar months or one-half of a year. Any academic quarter should be converted to three (3) calendar months or one-quarter of a year.

Name and Address of Accredited Two- or Four-year College or University	Rank or Title & Department	Starting and Ending Month/Year of Each Appointment	Total Number of Years of Such Full-time Experience
		From: ____ / ____ To: ____ / ____	
		From: ____ / ____ To: ____ / ____	
		From: ____ / ____ To: ____ / ____	
		From: ____ / ____ To: ____ / ____	

Total Years of College/University Teaching Experience _____

(Deduct Any Years of Unpaid Leaves of Absence)

PART IV. Applicable only to Individuals Being Employed to Teach in (1) an Education Department or (2) an Education Licensure Program

Please list, in chronological order, all full-time K–12 teaching experience (including special education experiences as a classroom or learning resources center teacher, but excluding any period of employment as a guidance counselor or as an administrator).

Do not list any part-time teaching or any position which lasted less than two consecutive semesters. Any academic semester should be converted to six (6) calendar months or one-half of a year. Any academic quarter should be converted to three (3) calendar months or one-quarter of a year.

Name and Address of K–12 School System	Rank or Title & Department	Starting and Ending Month/Year of Each Appointment	Total Number of Years of Such Full-time Experience
		From: ____/____ To: ____/____	
		From: ____/____ To: ____/____	

Total Years of K-12 Teaching Experience _____
(Deduct Any Unpaid Leaves of Absence or Administrative Work)

POST-DOC

List any full-time post-doctoral work you engaged in.

Name and Address of Employer	Description	Starting and Ending Month/Year of Appointment	Total Number of Years of Such Full-time Experience
		From: ____/____ To: ____/____	

PART V. Other Appropriate Full-time Professional Experience

Only individuals hired to teach in the areas listed below are eligible for **Other Appropriate Full-time Professional Experience**. Please list all prior full-time 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 Parts III or IV of this Appendix O–1. Round off months to the nearest quarter year.

<p>Category Code</p> <p>a Business Administration</p> <p>b Social Services</p> <p>c Engineering</p> <p>d Maritime Service or the Navy</p> <p>e Professional and Industrial Arts (including Design and Special Effects)</p> <p>f Communication Disorders</p> <p>G Library</p> <p>H Nursing/Licensed Medical Technician/ Dietician</p> <p>I Computer Science</p>	<p>Category Code</p> <p>J Aviation Science (licensed pilot or pilot in Armed Forces)</p> <p>K Journalism/Media/Public Relations</p> <p>L Biological, Physical or Social Science Research in a recognized professional facility or laboratory</p> <p>M Creative, Performing and Fine Arts</p> <p>N Professional Employment in Criminal Justice</p> <p>O Curatorial or Professional Museum Employment</p> <p>P Allied Health and Rehabilitative Services (including Physical Therapy)</p>
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Name, Address, ZIP Code of the Organization	Rank or Title	Category Code	Starting and Ending Month/Year of Appointment	Total Number of Years Full-time Experience
			From: ____/____ To: ____/____	
			From: ____/____ To: ____/____	

(If necessary, please use additional space on the next page.)

Name, Address, ZIP Code of the Organization	Rank or Title	Category Code	Starting and Ending Month/Year of Appointment	Total Number of Years Full-time Experience
			From: ___ / ___ To: ___ / ___	
			From: ___ / ___ To: ___ / ___	
			From: ___ / ___ To: ___ / ___	
			From: ___ / ___ To: ___ / ___	
			From: ___ / ___ To: ___ / ___	
			From: ___ / ___ To: ___ / ___	
			From: ___ / ___ To: ___ / ___	

Total Years of Appropriate Professional Experience _____

PART VI. Additional Information That May Be Considered

You may list below any other related professional experience that you believe should be considered. Please include the organization's name and address, the title you held, the dates you were employed and your responsibilities.

PART VII. Certification

Your signature certifies that all statements and information contained on this Salary Data Form are true, accurate and complete. The information you provided on this Salary Data Form is subject to verification.

Certification Checklist:

_____ 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.

_____ I have completed the Salary Data Form (Descriptive Information and Parts II through VII, where applicable).

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

Signature: _____

Date: _____

PLEASE SEE NEXT PAGE.

SUMMARY SHEET

[To be completed by Vice President, Academic Affairs]

Name: _____

Rank at Appointment: _____

Part II. Has the individual secured a terminal degree? (see page 3) _____
(yes or no)

Part III to VI: Indicate in the space for each applicable part the total number of years and months of full-time experience. Be sure that unpaid leaves of absence and other periods of exclusion have been deducted.

Part III. Full-time College or University Teaching (see page 4) _____
years/months /

Part IV. Full-time K–12 Teaching for Faculty in (1) Education Departments or (2) Education Licensure Programs **plus** full-time post-Doctoral experience (see page 5) _____
/

Part V & VI. Appropriate Professional Experience (see pages 6, 7 & 8) _____
/

Signature – Academic Vice President

Date