

City of Walnut Creek Benefits Summary for Regular, Full-Time Employees

NOTE: ER = employer EE=employee	GENERAL EMPLOYEES 6/20/00-6/30/05 AMENDED: 8/1/00	NON-SWORN 10/11/00-10/6/05	CONFIDENTIAL 4/26/02-4/21/05	PROFESSIONAL 5/11/99-7/31/03 AMENDED: 8/1/00	MANAGEMENT 4/20/99-4/23/03 AMENDED: 8/1/00 (Includes Chief of Police*)	POLICE MANAGEMENT 5/21/02-6/30/07 AMENDED: 11/19/02		POLICE 10/4/99-8/1/07 AMENDED: 11/19/02
						LIEUTENANTS, CAPTAINS	SERGEANTS	
Scheduled Salary Increases	June 20, 2003 June 18, 2004	October 10, 2003 October 8, 2004	April 25, 2003 April 23, 2004			May 9, 2003 May 7, 2004 May 6, 2005 May 5, 2006		September 12, 2003 September 10, 2004 September 9, 2005 September 8, 2006
Holidays	12 paid holidays	12 paid holidays	12 paid holidays	12 paid holidays	12 paid holidays	120 hours annual holiday-in-lieu pay at the hourly straight-time rate of pay in effect for such ee at the time payment is issued; holiday pay issued in 60 hour installments in Feb. & Aug. and in 2003, March-Sept. schedule to be implemented. EE may choose pay or holiday bank.		
General Leave	N/A	1 thru 4 yrs. = 160 hours (20 days) 5 thru 9 yrs. = 184 hours (23 days) 10 thru 14 yrs. = 208 hours (26 days) 15 or more = 224 hours (28 days) Maximum Accumulation = 540 hrs.			1 thru 4 yrs. = 160 hours (20 days) 5 thru 9 yrs. = 184 hours (23 days) 10 thru 14 yrs. = 208 hours (26 days) 15 thru 19 yrs. = 232 working hours (29 days) 20 thru 24 yrs. = 248 working hours (31 days) 25 or more yrs. = 256 working hours (32 days) Maximum Accumulation = 540 hours		1 thru 4 yrs. = 160 hours (20 days) 5 thru 9 yrs. = 184 hours (23 days) 10 thru 14 years = 208 hours (26 days) 15 or more = 224 hours (28 days) Maximum Accumulation = 540 hrs.	
Vacation Leave	1 thru 4 yrs. = 12 days (96 hours) 5 thru 9 yrs. = 15 days (120 hours) 10 thru 14 yrs. = 18 days (144 hours) 15 thru 19 yrs. = 20 days (160 hours) 20 or more = 25 days (200 hours) Maximum Accumulation = no more than (25) working days or 2x annual accrual, whichever is greater	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE
Sick Leave	Accrue 8 hours per calendar month; unlimited accrual.	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE	N/A SEE GENERAL LEAVE
Comp. Time/ Administrative Leave	May accrue Comp. Time in lieu of OT pay up to max. of 40 hrs.	Comp Time: 40 hour accrual limit	Comp time: 40 hour accrual limit	(Admin. Policy 93-2) Admin Leave: Annual amt. determined by Dept. Dir. (normally not to exceed 96 hrs. annually)	(Admin. Policy 93-2) Admin Leave: Annual amt. granted in January each year (normally not to exceed 96 hrs. annually)	(Admin. Policy 93-2) Administrative leave up to a maximum of 160 hours per year may be accrued on an hour-for-hour basis	Comp Time: 60 hour accrual limit	Comp Time: 60 hour accrual limit

- * **Chief of Police** receives benefits equal to General Management Unit plus:
- uniform allowance, dental, and retirement benefits equal to those provided to Police Captains in the Police Management Unit
 - 401(a) plan for the Executive Unit
 - vehicle allowance of \$300 month
 - 3% at 50 PERS retirement

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MEDICAL COVERAGE	<p style="text-align: center;">Effective first of the month following 30 days of employment; terminates last day of that month (if termination date is the 16-31 of the month, coverage terminates last day of following month).</p> <p style="text-align: center;">FOR NON-MGMT. EES AND POLICE SERGEANTS HIRED AFTER JULY 1, 1993 The City will provide an employee with the equivalent of the Kaiser rate in effect for the employee's required coverage level:</p> <ol style="list-style-type: none"> 1. For each employee enrolling in single party coverage under any City medical insurance plan, the City shall contribute an amount equal to the Kaiser Permanente single-party rate in effect at that time; 2. For each employee enrolling in two-party coverage under any City medical insurance plan, the City shall contribute an amount equal to the Kaiser Permanente two-party rate in effect at that time; 3. For each employee enrolling in family coverage under any City medical insurance plan, the City shall contribute an amount equal to the Kaiser Permanente family rate in effect at that time. <p style="text-align: center;">FOR NON-MGMT. EMPLOYEES AND POLICE SERGEANTS HIRED PRIOR TO JULY 1, 1993 The City shall contribute an amount equal to the Kaiser family rate towards required level of coverage on any of the City's medical insurance plans.</p> <p style="text-align: center;">"REDIRECTION" OPTION FOR ALL NON-MGMT. EMPLOYEES AND POLICE SERGEANTS: An ee with medical insurance coverage outside of the City may redirect the value of <u>single party coverage</u> under the Kaiser Health Plan to a 457 deferred compensation account. An employee must show proof of adequate medical insurance coverage under another health plan before the benefit may be redirected. Employees will be subject to the open enrollment provisions of the City's health plans in the event termination of redirected benefits and resumption of medical coverage is desired.</p> <p style="text-align: center;">FOR MANAGEMENT UNIT EMPLOYEES, POLICE CAPTAINS AND POLICE LIEUTENANTS: The City shall contribute an amount equal to the Kaiser family rate toward the cost of City-offered medical insurance plans for all employees in the Management Unit, Police Captains, and Police Lieutenants. Employees may redirect any unused medical premium to a 457 deferred compensation account.</p>																											
Medical: Kaiser (HMO)	<p style="text-align: center;">Kaiser Permanente Traditional (EOC #6) Plan \$5 copayment for outpatient care visits, \$5 copayment for prescriptions, \$50 emergency room visit (waived if admitted to a plan hospital) Dependents covered up to end of 24th birthday month. RETIREE OPTION AVAILABLE.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">ER Monthly Cost (as of 01/01/03):</td> <td style="text-align: center;">EE Monthly Cost</td> </tr> <tr> <td style="text-align: center;">Single \$224.35</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">2-Party \$448.70</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Family \$634.91</td> <td style="text-align: center;">\$0</td> </tr> </table> <p style="text-align: center;">COBRA Rates (eff. 1/1/02) – Single: \$228.84; 2-Party: 457.67; Family: \$647.61 COBRA coverage – separated employees for 18 mo., overage dependent/divorced spouse: 36 mo.</p>								ER Monthly Cost (as of 01/01/03):	EE Monthly Cost	Single \$224.35	\$0	2-Party \$448.70	\$0	Family \$634.91	\$0												
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Single \$224.35	\$0																											
2-Party \$448.70	\$0																											
Family \$634.91	\$0																											
Medical: Blue Shield (HMO)	<p style="text-align: center;">Blue Shield Access+ HMO \$10 co-payment for office visits, \$50 emergency room visit (waived if admitted to hospital) Dependents covered up to 19th birthday month or full-time student up to 25th birthday month. No retiree option available .</p> <p style="text-align: center;">MONTHLY RATES as of 1/1/03 – Single: \$273.84; 2-Party: \$503.86; Family: \$805.09</p> <p style="text-align: center;">COBRA Rates (eff. 1/1/03): Single \$279.32, 2-Party \$513.94, Family \$821.19 COBRA coverage – separated employees for 18 mo., overage dependent/divorced spouse: 36 mo.</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">For non-mgmt. employees and Police Sergeants hired after 7/1/93:</td> <td colspan="2" style="text-align: center;">For General Management, Police Captains and Police Lieutenants AND all employees hired prior to 7/1/93):</td> </tr> <tr> <td style="text-align: center;">ER Monthly Cost (as of 1/1/03):</td> <td style="text-align: center;">EE Monthly Cost:</td> <td style="text-align: center;">ER Monthly Cost (as of 1/1/03):</td> <td style="text-align: center;">EE Monthly Cost:</td> </tr> <tr> <td style="text-align: center;">Single \$224.35</td> <td style="text-align: center;">\$ 49.49</td> <td style="text-align: center;">Single \$634.91</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">2-Party \$448.70</td> <td style="text-align: center;">\$ 55.16</td> <td style="text-align: center;">2-Party \$634.91</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td style="text-align: center;">Family \$634.91</td> <td style="text-align: center;">\$170.18</td> <td style="text-align: center;">Family \$634.91</td> <td style="text-align: center;">\$170.18</td> </tr> </table>								For non-mgmt. employees and Police Sergeants hired after 7/1/93:		For General Management, Police Captains and Police Lieutenants AND all employees hired prior to 7/1/93):		ER Monthly Cost (as of 1/1/03):	EE Monthly Cost:	ER Monthly Cost (as of 1/1/03):	EE Monthly Cost:	Single \$224.35	\$ 49.49	Single \$634.91	\$0	2-Party \$448.70	\$ 55.16	2-Party \$634.91	\$0	Family \$634.91	\$170.18	Family \$634.91	\$170.18
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2-Party \$448.70	\$ 55.16	2-Party \$634.91	\$0																									
Family \$634.91	\$170.18	Family \$634.91	\$170.18																									
Medical: Blue Cross (PPO)	<p style="text-align: center;">Rates vary by age, number of dependents covered and geographic location. Dependents covered up to end of 19th birthday month or 24th birthday month as full time student. No retiree option available . No open enrollment; guarantee issue at time of hire only.</p>																											

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	LIEUTENANTS, CAPTAINS		SERGEANTS						
Dental: Delta	Delta Dental Eff. 1 st of the mo. following 3 mos. employment; terminates last day of month in paid status. Self-insured; administered by Delta Dental Plan. Plan pays 100% preventative, 80% other services. \$50 annual deductible up to a maximum of \$150 per family. Maximum annual benefit is \$1,500 per eligible EE and dependent each calendar year. ER Cost \$84.50 month (eff. 6/1/01) EE Cost \$0 COBRA rate \$86.19 mo. Dependents covered up to end of 19 th birthday month or 25 th birthday month as full time student			Delta Dental Eff. 1 st of the mo. following 3 mos. employment; terminates last day of month in paid status. Self-insured; admin. by Delta Dental Plan. Plan pays 100% preventative, 80% other services. \$50 annual deductible up to a maximum of \$150 per family. \$1,000 maximum annual benefit. ER Cost \$71.91 month (eff. 1/1/01) EE Cost \$0 COBRA rate \$73.28 mo. Dependents covered up to end of 19 th birthday month or 25 th birthday month as full time student		Delta Dental Eff. 1 st of the mo. following 3 mos. employment; terminates last day of month in paid status. Self-insured; admin. by Delta Dental Plan. Plan pays 100% preventative, 80% other services. \$15 annual deductible up to a maximum of \$45 per family; \$2,000 lifetime max. orthodontia per child. ER Cost \$86.92 month (eff. 1/1/01) EE Cost \$0 COBRA rate \$88.66 mo. Dependents covered up to end of 19 th birthday month or 25 th birthday month as full time student			
Flexible Benefits: TLC	Available 1 st mo. following 30 days of employment. Pursuant to I.R.C. Section 125. Administered by TLC. Voluntary pre-tax ee contribution via payroll deduction each plan year (1/1-12/31). Eligibility terminates last day in paid status. No ER cont. made. Dependent Care Assistance Plan \$5,000 annual max. Medical Expense Reimbursement Plan \$4,800 annual max. Premium Contribution Plan ER Cost: \$5 per participating EE per month.								
Life: Standard	Eff. 1 st of mo. following 30 days of employment; terminates last day in paid status. Conversion plan available. Insured through Standard. ER Cost = \$0.22 per \$1,000 of benefit (eff. 7/1/01) EE Cost = \$0 Voluntary additional coverage available, guaranteed issue amount: \$125,000 Coverage bought in increments of \$25,000 not to exceed 3x Annual Earnings to a maximum of \$350,000 (may be subject to medical underwriting approval)					N/A		N/A	
	Benefit = 2x annual salary to max. of \$86,000; *Effective 06/01/02 No Dependent Coverage	Benefit = 1x annual salary to max. of \$43,000 *Effective 06/01/02 No Dependent Coverage	Benefit = 2x annual salary to max. of \$86,000 *Effective 06/01/02 No Dependent Coverage available						
LTD: Standard	Eff. 1 st of mo. following 30 days of employment; terminates last day in paid status. Based on salary on 09/01/01. Conversion plan available. Insured through Standard. ER Cost = \$0.824 per \$100 covered payroll (eff. 6/1/01) EE Cost = \$0								
	Maximum benefit 2/3 mo. salary to max. of \$2,500 mo.	Maximum benefit 2/3 mo. salary to max. of \$2,500 mo.	Maximum benefit 2/3 mo. salary to max. of \$3,600 mo.	Maximum benefit 2/3 mo. salary to max. of \$4,800 mo.	Maximum benefit 2/3 mo. salary to max. of \$9,000 mo.			Maximum benefit 2/3 mo. salary to max. of \$4,200 mo.	

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						LIEUTENANTS, CAPTAINS	SERGEANTS	
Vision: Vision Service Plan	Eff. 1 st of mo. following 30 days of employment; terminates last day of month in paid status. Plan administered by Vision Service Plan (VSP). VSP "B" type plan. \$10 copay for exam, \$25 copay for materials. Benefit = exam and lenses every 12 months; frame every 24 mos. ER COST: \$14.19 per month EE COST: \$0 COBRA RATE: \$14.47 Dependents covered up to end of 18 th birthday month	Eff. 1 st of mo. following 30 days of employment; terminates last day of month in paid status. Plan administered by Vision Service Plan (VSP). VSP "B" type plan. \$10 copay for exam, \$25 copay for materials. Benefit = exam and lenses every 12 months; frame every 24 mos. ER COST: \$14.19 per month EE COST: \$0 COBRA RATE: \$14.47 Note: City shall pay premium at rate in effect on 7/1/01 [\$14.19] – any increase in premiums shall be contributed by ee via payroll deduction. Dependents covered up to end of 18 th birthday month	Eff. 1 st of mo. following 30 days of employment; terminates last day of month in paid status. Plan administered by Vision Service Plan (VSP). VSP "B" type plan. \$10 copay for exam, \$25 copay for materials. Benefit = exam and lenses every 12 months; frame every 24 mos. ER COST: \$14.19 per month EE COST: \$0 COBRA RATE: \$14.47 Dependents covered up to end of 18 th birthday month	N/A	N/A	N/A	N/A	N/A
EAP	Program administered by EFR. Up to 3 sessions for each incident paid per fiscal year for ee and/or dependents. No EE cost; ER cost \$42 per EE per year.							
Tuition Reimbursement	The City will pay 75% of tuition and registration fees up to a maximum of \$400 per fiscal year (see Personnel Rules Chapter 16)							
Career Development	N/A	N/A	\$300 annual allowance Eff.: 07/01/02 \$400 Eff.: 07/01/03 \$500 Eff.: 07/01/04: \$600	(Admin. Policy 79-5) Annual Allowance: Eff. 7/1/00 \$650 Eff. 7/1/02 \$700	Annual Allowance: All Dept. Directors \$1,425 Designated Division Directors \$975 Other Designated Mgmt. ees \$700	Police Captains \$875 Police Lieutenants \$600	Police Sergeants \$600	N/A
Vehicle Allowance	N/A				Admin. Services Dir.: \$300 mo. Asst. Public Services Dir.: \$300 mo. Chief of Police: \$300 mo. City Attorney: \$300 mo. City Manager: \$500 mo. Comm. Dev. Dir.: \$300 mo. Cult. & Comm. Svcs. Dir.: \$300 mo. Cultural Services Mgr.: \$ 300 mo. Leisure Services Mgr.: \$300 mo. Maintenance Svcs. Mgr.: \$200 mo. Public Services Dir.: \$400 mo. Public Services Mgr.: \$300 mo.	N/A		

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						LIEUTENANTS, CAPTAINS	SERGEANTS	
PERS	Eff. immediately upon hire. Local Miscellaneous: 2% at 55 (with Single Highest Year Compensation). Employer #0973 EE Rate: 7% (paid by City). EE pays PERS Survivor Benefit of \$0.93 per pay period. ER Rate: 1.475% effective 7/1/02-6/30/03 ER Rate: 3.082% effective 7/1/03-6/30/04					Eff. immediately upon hire. Safety: 3% at 50 Employer #0973 EE Rate: 9% EE pays PERS Survivor Benefit of \$0.93 per pay period. ER Rate: 14.162% effective 7/1/02-6/30/03 ER Rate: 20.684% effective 7/1/03-6/30/04		
EE Cost Share for Enhanced PERS Benefits	EE Cost Share: 0.75% eff. 6/22/01	EE Cost Share: 0.75% eff. 10/12/01	EE Cost Share: 0.75% eff. 4/27/01	EE Cost Share: 0.75% eff. 5/11/01	EE Cost Share: 0.75% eff. 4/27/01	N/A		N/A
EPMC Value of ER paid member cont. reported to PERS as additional EE comp.	N/A	ER Cost: 1% of Payroll	ER Cost: 1% of Payroll	N/A	ER Cost: 1% of Payroll	ER Cost: 1% of Payroll	ER Cost: 1% of Payroll	ER Cost: 1% of Payroll
414(h)(2) EE cont. treated as ER cont. for tax purposes	Eff. 6/22/01	Eff. 10/12/01	Eff. 4/27/01	Eff. 5/11/01	Eff. 4/27/01	N/A	N/A	N/A
Supplemental Retirement	Defined Contribution Plan 414(i). Plan administered by Hartford For EEs who complete 15 yrs. of regular, full-time service, the City shall contribute payment per month (\$75, \$125, \$200 mo.) through the ee's 25 th yr. or 30 th yr. of service. See Unit below for details Vested upon the EE's completion of 20 yrs. of reg., full-time service. Note: Some longer-tenured participants have Principal Financial Group as administrators for this plan ER Cost: \$75 - \$125 month, depending on Unit EE Cost: \$0							City and Unit to discuss implementation of ICMA RHS plan in future. Discussions to commence in 2003.
	ER Cost: \$75 mo. (at 15 th yr. through 25 th yr.) EE Cost: \$0		ER Cost: \$125 mo. (if entered at 15 th yr. through 25 th yr.) EE Cost: \$0			ER Cost: \$200 mo. (if entered at 15 th yr. through 30 th yr.) EE Cost: \$0		N/A
401(a)	N/A				Money Purchase Plan administered by ICMA. Mandatory contributions. No ER cont. made; ee's make contributions via payroll deduction. EE's cont. at the following levels each month: General Mgmt: Plan #109795 \$100 Executive Unit: Plan #109798 \$500 City Mgr.: #107110 Varies City Atty.: #109797 Varies	Money Purchase Plan administered by ICMA. Mandatory contributions. No ER cont. made; ee's make contributions via payroll deduction. EE's cont. at the following levels each month: Police Mgmt.: Plan #109794 \$600.00	N/A	N/A
457	Plan Administered by ICMA. Plan # 300147 Voluntary employee contributions via payroll deduction on a pre-tax basis up to \$12,000 for the 2003 calendar year for participants under 50. Employees 50 years and over may contribute up to \$14,000 for the 2003 calendar year. No ER contribution.							
Medicare	Applies to new hires after 3/31/86. 1.45% of employee's salary paid by EE; City pays equivalent of 1.45% of employee's salary							
Social Security	N/A SEE PERS [Social Security is only applicable to certain temporary employees not covered by PERS. Temporary employees covered by Social Security contribute 6.2% of salary.]							

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						LIEUTENANTS, CAPTAINS	SERGEANTS	
Educational Incentive			N/A			Effective 6/1/01 \$396 for Master's degree. *To be reviewed annually for possible adjustment	\$358.00 per month for Bachelors degree or POST Advanced Cert. \$396.00 for Master's degree. *To be reviewed annually for possible adjustment	Effective: 11/08/02 \$358.00 per month for Bachelors degree or POST Advanced Cert. Eff. 1 st of month following award. *To be reviewed annually for possible adjustment
Master Officer Program			N/A			N/A	N/A	Senior Officer 2% of base pay Master Off. I 4% of base pay Master Off. II 6% of base pay
Motorcycle Patrol Pay			N/A					\$50.00 per month above base salary
Uniform Allowance			N/A			\$723 annual allowance eff. 6/1/01 (\$365 by check, \$358 voucher) *To be reviewed annually for possible adjustment	\$723 annual allowance (\$355 by check, \$368 voucher) Payment on 02/07/2003 *To be reviewed annually for possible adjustment	