

ESSEX NORTH SHORE AGRICULTURAL & TECHNICAL SCHOOL DISTRICT
and
HATHORNE TEACHERS FEDERATION, LOCAL 1269, AFT
(APPENDIX C – LONGEVITY)

Teachers previously employed by North Shore Regional Vocational School District who were eligible for and elected to receive longevity payments under the provisions of the “Age Plus Service” longevity plan shall continue to receive longevity payments pursuant to that benefit. That “Age Plus Service” longevity plan is set forth in Appendix C of the Agreement. In addition, former North Shore teachers who would become eligible for the former North Shore “Age Plus Service” longevity plan during the life of the 2016-2019 Agreement may enter that plan in lieu of the longevity plan set forth in Article 3, Section I of the Main Agreement. Teachers who receive benefits under the Age Plus Service Plan shall be ineligible for the Longevity Plan set forth in Article 3, Section I of the Main Agreement. The open period for any new entrants to the Age Plus Service longevity plan shall sunset at the end of the 2016-2019 contract and thereafter the benefit shall be closed to new entrants. All other employees shall be covered by the longevity plan set forth in Article 3, Section I of the Main Agreement effective July 1, 2016. There shall be no retroactive application of any longevity plan described herein.

“Age Plus Service” Longevity Plan

Eligible teachers will receive a longevity payment annually which shall be paid pro rata in their regular paychecks throughout the year according to the following formula:

The aggregate of the number of years of service to the District in any capacity and the teacher’s age (as of September 1) and years of service of the current school year will be calculated. Annual longevity compensation shall be based on the following scale:

Total of Age and Years of Service	Percent Increase in Base Salary
70	2%
75	3%
80	4%
85+	5%

Teachers must notify the Superintendent-Director of longevity eligibility and increases by January 1 of the previous year.

Name: _____
(Please Print)

Date of Birth: _____

Total of Age and Years of Service: _____

Percent Increase: _____

Employee Signature

Date

Verified

William H. Lupini, Ed.D.
Superintendent-Director

This application will be forwarded to the Business Office to process. The employee will receive a copy for their records.