

APPENDIX O-2
SALARY DATA FORM: LIBRARIAN

Descriptive Information

Date: _____

Full Name: _____

Date of Birth: _____

[TO BE COMPLETED BY VICE PRESIDENT, ACADEMIC AFFAIRS]

Massachusetts State University: _____

Rank: _____

Effective Date of Appointment: _____

Salary upon Appointment: _____

Temporary or Tenure-track Appointment: _____

If Temporary, Length of Appointment
(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 VI, 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 as of July 2, 2019.

Base Salary:	\$47,418	\$ _____
Academic Rank	Associate Librarian: \$7,785	
	Librarian: \$15,873	
	Senior Librarian: \$24,134	+ \$ _____
If he/she possess a terminal degree (Part II):	\$3,294	+ \$ _____
Number of years of full-time work experience at an accredited two-year or four-year colleges/universities plus full-time post-doctoral experience (Part III):	\$581 per year	+ \$ _____
Number of years of full-time applicable professional experience (Parts IV and V):	\$171 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 Librarian Experience at an Accredited Two-year or Four-year College or University

Please list, in chronological order, all full-time experience for which you were appointed to a full-time position as a professional librarian at an accredited two-year or four-year college or university. Include any appointments as a full-time professional librarian at a Massachusetts State University/College.

Do not list any part-time or non-professional librarian experience or any appointment that lasted less than one calendar year. Round off calendar months to the nearest 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: ____ / ____	
		From: ____ / ____ To: ____ / ____	

TOTAL YEARS OF EXPERIENCE

(Deduct Any Years of Unpaid Absence)

PART IV. Other Appropriate Full-time Professional Experience

Only librarians who have worked in a professional capacity in a non-academic library setting are eligible for **Other Appropriate Full-time Professional Experience**. Please list all such prior full-time appropriate 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 Part III of this Appendix O-2. Round off months to the nearest quarter of a year.

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

TOTAL YEARS OF PROFESSIONAL EXPERIENCE _____

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: ___/___	

TOTAL YEARS OF POST-DOCTORAL EXPERIENCE _____

PART V. Additional Information That May Be Considered

You may list below any other relevant 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 VI. 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 Data Form (Descriptive Information and Parts II through VI, 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 V: Indicate in the space for each applicable part the total number of years of full-time experience. Be sure that each unpaid leave of absence or other periods of exclusion have been deducted.

Part III. Full-time College or University Librarian **plus** post-Doctoral experience (see page 4) _____ / _____
years/months

Part IV and V. Appropriate Professional Experience (see pages 5 and 6) _____ / _____

Signature – Academic Vice President

Date