

Del Norte Schools C-7
NURSE
2016-2017

STEP	BA	BA+10	BA+20	MA
0	28364	28721	29078	29731
1	28721	29078	29435	30197
2	29078	29435	29792	30663
3	29435	29792	30149	31129
4	29792	30149	30506	31595
5	30149	30506	30863	32061
6	30506	30863	31220	32527
7	30863	31220	31577	32993
8	31220	31577	31934	33459
9	31577	31934	32291	33925
10	31934	32291	32648	34391
11	32291	32648	33005	34857
12	32648	33005	33362	35323
13	33005	33362	33719	35789
14	33362	33719	34076	36255
15	33719	34076	34433	36721
16	34076	34433	34790	37187
17	34433	34790	35147	37653
18	34790	35147	35504	38119
19	35147	35504	35861	38585
20	35504	35861	36218	39051
21	35861	36218	36575	39517

- 1 The school district shall pay \$447.00 toward Best Health Plan Medical Insurance
- 2 The school district shall pay Income Protection monthly.
- 3 Eleven days leave shall be given yearly with accumulation up to and including sixty days.

