



Bullitt County Public Schools

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Shepherdsville, Kentucky 40165

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DATE: Sept. 15, 2021
TO: Jesse Bacon, Superintendent *J.B.*
FROM: Todd Crumbacker, Director of School Nutrition Services *TC*
RE: Traveling Manager [District-wide]

I am requesting that the Department of School Nutrition Services establish a "Traveling Manager" position. This position would be 7.75 hrs a day for 183 days a year. This role would provide a body of support for our managers for days in which they may be absent from the workplace (illness, surgery, etc); in addition, this role would provide additional support for newly hired managers as they become acclimated into their new roles. This position would also work collaboratively with the Director of School Nutrition Services as part of the Manager Mentor & Training Program. The individual hired for this role will have a level of expertise which will ensure success while working in a variety of work environments (elementary, middle, high); in addition, on days in which our workplace positions are all filled, this individual would be assigned to a work environment in which they could continue to mentor a developing cook/baker or provide additional assistance where needed. Lastly, this Traveling Manager could assist with managerial type activities at the office level (recipes, meal count documentations, etc.). Attached to this memo is a wage and calculations analysis for what this position will potentially cost the department; this position will be paid for out of Fund 51: School Nutrition Services. I am requesting that this position be posted and the official start date for the position be Jan. 3, 2022.

School: SNS

Program: 7.75 HOURS MGR FLOAT

Project #: STEP 0 - \$14.82/HOUR

Prepared By: _____

Principal Signature: _____

Date Submitted: _____

Approved By (Program Director): _____

Balanced (YES/NO) **SORRY. BACK TO DRAWING BOARD!!**

ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	21,018.47	
0131	CLASSIFIED OTHER SALARY	-	
0150	CLASSIFIED SUBSTITUTE SALARY	-	
0170	CLASSIFIED/PARAPROFESSIONAL	-	
0211	TERM LIFE	28.80	
0213	GROUP LIABILITY INSURANCE	91.94	
0221	FICA	1,303.14	
0222	EMPLOYER MEDICARE CONTR.	304.77	
0231	KTRS (Fed. Prog. Only)	-	
0232	CERS	5,664.48	
0251	STATE UNEMPLOYMENT INS.	60.00	
0260	WORKMANS COMPENSATION	86.18	
0294	HEALTH INSURANCE	8,400.00	
0295	LIFE INSURANCE	12.00	
0296	ADMINISTRATION FEE	96.00	
0297	FLEXIBLE SPENDING ACCOUNT	-	
Total Expenses		\$ 37,065.77	

Adjustments

Total Grant Amount

Balanced When this is ZERO

37,065.77

(37,066.00)

If a needed **expense** object line isn't listed, feel free to make changes
Call Sherry Sweat, 502-869-8011 with questions or for assistance.

School: SNS

Program: 7.75 HOURS MGR FLOAT

Project #: STEP 5 - \$16.12/HOUR

Prepared By: _____

Principal Signature: _____

Date Submitted: _____

Approved By (Program Director): _____

Balanced (YES/NO) **SORRY. BACK TO DRAWING BOARD!!**

ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	22,862.19	
0131	CLASSIFIED OTHER SALARY	-	
0150	CLASSIFIED SUBSTITUTE SALARY	-	
0170	CLASSIFIED/PARAPROFESSIONAL	-	
0211	TERM LIFE	28.80	
0213	GROUP LIABILITY INSURANCE	91.94	
0221	FICA	1,417.46	
0222	EMPLOYER MEDICARE CONTR.	331.50	
0231	KTRS (Fed. Prog. Only)	-	
0232	CERS	6,161.36	
0251	STATE UNEMPLOYMENT INS.	60.00	
0260	WORKMANS COMPENSATION	93.73	
0294	HEALTH INSURANCE	8,400.00	
0295	LIFE INSURANCE	12.00	
0296	ADMINISTRATION FEE	96.00	
0297	FLEXIBLE SPENDING ACCOUNT	-	
Total Expenses		\$ 39,554.98	

Adjustments

Total Grant Amount

Balanced When this is ZERO

39,554.98

(39,555.00)

If a needed **expense** object line isn't listed, feel free to make changes
Call Sherry Sweat, 502-869-8011 with questions or for assistance.

School: SNS

Program: 7.75 HOURS MGR FLOAT

Project #: STEP 10 - \$17.39/HOUR

Prepared By: _____

Principal Signature: _____

Date Submitted: _____

Approved By (Program Director): _____

Balanced (YES/NO) **SORRY. BACK TO DRAWING BOARD!!**

ORG	0052118		
OBJECT	ACCOUNT DESCRIPTION	AMOUNT	DESCRIPTION
0130	CLASSIFIED REGULAR SALARY	24,663.37	
0131	CLASSIFIED OTHER SALARY	-	
0150	CLASSIFIED SUBSTITUTE SALARY	-	
0170	CLASSIFIED/PARAPROFESSIONAL	-	
0211	TERM LIFE	28.80	
0213	GROUP LIABILITY INSURANCE	91.94	
0221	FICA	1,529.13	
0222	EMPLOYER MEDICARE CONTR.	357.62	
0231	KTRS (Fed. Prog. Only)	-	
0232	CERS	6,646.78	
0251	STATE UNEMPLOYMENT INS.	60.00	
0260	WORKMANS COMPENSATION	101.12	
0294	HEALTH INSURANCE	8,400.00	
0295	LIFE INSURANCE	12.00	
0296	ADMINISTRATION FEE	96.00	
0297	FLEXIBLE SPENDING ACCOUNT	-	
Total Expenses		\$ 41,986.75	

Adjustments

Total Grant Amount

Balanced When this is ZERO

41,986.75

(41,987.00)

If a needed **expense** object line isn't listed, feel free to make changes
Call Sherry Sweat, 502-869-8011 with questions or for assistance.