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## **Human Resources 1986-87**

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identifying items (1-6) requested on this page. When the questionnaire is completed, return either directly to: NCES/HEGIS Processing Center, P.O. Box 8637, Silver Spring, Md. 20907 or to the HEGIS coordinator, if there is a HEGIS coordinator in your State.

If there are any questions about this form, contact:

Elaine Kroe. (202) 254-6503

Sent 11/12/84

Please read instructions before completing form.

U.S. Department of Education Washington, D.C. 20202

Form Approved

OMB NO. 1850-0003. Expiration Date: 7/31/86

Higher Education General Information Survey (HEGIS XX)

SALARIES, TENURE, AND FRINGE BENEFITS OF FULL TIME INSTRUCTIONAL FACULTY

1986-87

This form is authorized by law (20 U.S.C. 1221 e-1). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

DUE DATE: NOVEMBER 15, 1986

1 NAME AND MAILING ADDRESS OF INSTITUTION OR CAMPUS COVERED BY 2FICE CODE NUMBER THIS REPORT (See Definitions of Institutions on this page) (Include city, State and 002554 ZIP code) 3 NAME AND TITLE OF RESPONDENT James Maynard University of Nebraska at Omaha Director 60th and Dodge Street Office of Institutional Research Omaha, NE 68182 4 TELEPHONE NUMBER OF RESPONDENT (area code, local number, and extension) (402)554-2367 5 PLEASE NOTE THAT EACH INSTITUTION, BRANCH, CAMPUS OR OTHER ENTITY SEPARATELY CERTIFIED BY THE ELIGIBILITY AND AGENCY EVALUATION STAFF OF THE U.S. DEPARTMENT OF EDUCATION, WITH ITS OWN FICE CODE, AND LISTED SEPARATELY IN THE EDUCATION DIRECTORY—COLLEGES AND UNIVERSITIES, SHOULD BE REPORTED ON A SEPARATE SURVEY FORM AND NOT INCLUDED OR COMBINED WITH ANY OTHER SUCH CERTIFIED UNIT. BRANCHES, CAMPUSES, AND OTHER ORGANIZATIONAL ENTITIES NOT SEPARATELY CERTIFIED SHOULD BE INCLUDED WITH THE APPROPRIATE INSTITUTION OR BRANCH REPORT. IF SUCH ARE DATA FOR THIS UNIT INCLUDED NAME OF BRANCH AND/OR OTHER CAMPUS ADDRESS (CITY, STATE, AND ZIP CODE) IN THIS REPORT? ☐ YES ☐ NO TYES NO ☐ YES ☐ NO 6 IF THE EDUCATIONAL ORGANIZATION OR ENTITY COVERED BY THIS SURVEY REPORT IS PART OF A MULTI-CAMPUS INSTITU-TION, OR PART OF A SYSTEM OF INSTITUTIONS, PLEASE ENTER THE NAME OF THE INSTITUTION OR SYSTEM BELOW. IF NOT APPLI-CABLE, CHECK HERE University of Nebraska System

## Definitions of Institutions

Institutional System. A complex of two or more institutions of higher education, each separately organized or independently administered, under the control of a single administrative body.

Multi-Campus Institution. An organization resembling an institutional system, but clearly designated as a single institution with either of two organizational structures: (1) an institution having two or more campuses responsible to a central administration (which central administration may or may not be located on one of the administratively equal campuses) or (2) an institution having a main campus with one or more branch

Main Campus. In those institutions comprised of a main campus and one or more branch campuses, the main campus (sometimes called the parent

institution) is usually the location of the core, primary, or most comprehensive program. (Unless the institution-wide or central administrative office for such institutions is reported to be at a different location, the main campus is understood to be the location of the central administrative office )

Branch Campus, A campus of an institution of higher education which is located in a community different from that of its parent institution, that is, beyond a reasonable commuting distance from the main campus of the parent institution. To be considered a branch campus, rather than an extension center, the educational activities at the location must be organized on a relatively permanent basis (i.e., have a relatively permanent administration) and include course offerings for one or more complete college-level programs of at least one full year.

TOTALS (see instruction for line REMARKS	WORKMEN'S COMPENSATION OTHER BENEFITS IN KIND WI	UNEMPLOYMENT COMPENSA	SOCIAL SECURITY TAXES	MEDICAL/DENTAL PLANS GUARANTEED DISABILITY II	(Other than Social Security) A. Vested within 5 years  B. Vested after 5 years	FRINGE B	NAME OF INSTITUTION PAR	חודים או
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UNIVERSITY OF NI	BRASKA	NEBRASKA AT OMAHA		1. FICE CODE NUMBER	ER 002557
PART 2 — FRINGE BENEFITS FOR	FULL-TIME	PART 2 - FRINGE BENEFITS FOR FULL-TIME INSTRUCTIONAL FACULTY ON 9-MONTH AND 12-MONTH CONTRACTOR	NTH AND 12 MONTH CONTRACT		1
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		EXPENDITURE (1)	NUMBER COVERED	EXPENDITURE	NUMBER COVERED
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B. Vested after 5 years	2	769,588	388		
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See instruction for line 6)  RESTRICTED  NO	ō.	ſ	1	I	ı
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GROUP LIFE INSURANCE	9	23,280	388	3	ſ
WORKMEN'S COMPENSATION TAXES	10	ı		420	/
OTHER BENEFITS IN KIND WITH CASH OPTIONS	•		•	-	
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TOTALS (see instruction for line 12)	3				
REMARKS		2,082,053	388	48,264	7

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