SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta	ils						
Public Employer:	BRICK TOWNSHIP BOARD OF EDUCATION County: Ocean						
Employee Organization	BRICK TOWNSH	IP ASSOCIATION O	F SCHOOL ADM	IINISTRATORS	Employ	Employees in Unit: 35	
Base Year Contract Term:	7/1/2010	6/30/2013	New Contract Term 7/1/2015		013 6/30/	3 6/30/2017	
Type of Settlement:	Mediated Settle	ement 🗀 Fa	ct-Finder Recomme	ndation [✓ Voluntary Settlement	Super Conciliation	
			Base Year	ımn A - Total Costs	Column New Base Year - 1 (First Year of Success	Total Costs	
Section II: Economic			(Last Year or Pri	evious agreement)	(First Year or Success	or agreement/	
Hem 1 Sala	anr		\$4,902,874		\$4,522,680		
	rement	_		*	Ψ+,022,000		
	gevity	_	\$1,275				
Item 4	.,	_	1				
ltem 5			l				
Item 6		_					
Item 7					-		
Item 8		_					
Item 9 , ,		-					
Item 10		_					
ltem 11 ,							
ltem 12		-					
Any additional ilems list on separate sh	eel	Additional Items					
					1		
Section III: Totals - Sum of costs in each column		\$4,904,149		\$4,522,680	\$4,522,680		
			(1	otal)	(Total)		
Sastian Blooms			NCW 4 CDEE	AND TAKEN YOU			
Section IV: Analysis of new success Total Base Year(previous agreement)			<u>NEW AGREE</u>	MENT ANALYSIS			
Town bodo Tealgherhoad agreementy	\$4,904,149						
Effective Date (m/d/yyyy)		7/1/2013	7/1/2014	7/1/2017	7/1/2016		
Percent Increase		0	0	3	3		
Total cost of increase	-	\$0	\$0	\$147,124	\$147,124		
Total base salary (successor agreemen	ŋ	\$4,522,680	\$4,581,756	\$4,476,453	\$4,623,905		
Section V: Impact of Settlem	ent - average annual in	crease over term of agre	ement	<u> </u>			
Percentage Impact (average per year or		1.50					
Dollar impact (average per year over ter	nn of agreement	\$73,562.00					
		410,002,00					
Section VI							
Health Insurance (Indicate costs associ	ated on each line)						
Cost of Health Plan		Base Year	Year 1				
Employee Contributions		\$442,316	\$464,818				
Prescription		\$56,695	\$70,320				
Dental		\$95,608	\$121,556				
Vision		\$23,780	\$18,669				
							
The undersigned certifies th	at the foregoing figure	s are true and is aware	that if any of the fo	pregoing items are fal	se, s/he is subject to punisn	<u>nent</u>	
Section VII							
Prepared by:	JAMES W	. EDWARDS, JF	., CPA	Title	BUSINESS ADM	INISTRATOR	
		Print Name					
				Date	10/16	113	
	1	Signature			/	1	