

**SUMMARY FORM**  
**COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: BLOOMFIELD BOARD OF EDUCATION County: EFFBFC  
Employee Organization: SUPERVISORS ASSOCIATION Employees in Unit: \_\_\_\_\_  
Base Year Contract Term: \_\_\_\_\_ New Contract Term: 7/1/11 - 6/30/14  
Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	<u>910,478</u>	<u>954,183</u>
Item 2 .....	Incentive	<u>INCL.</u>	<u>INCL.</u>
Item 3 .....	Longevity	<u>954,183</u>	<u>999,985</u>
Item 4 .....		<u>INCL.</u>	
Item 5 .....		<u>999,985</u>	<u>1,048,985</u>
Item 6 .....		<u>INCL.</u>	<u>INCL.</u>
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals - Sum costs in each column</b>		<u>3,814,646</u> (Total)	<u>3,003,153</u> (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)

7/1/11

**Effective Date (m/d/yyyy)**

Percent Increase .....	<u>1.5%</u>	<u>1.5%</u>	<u>1.5%</u>	.....	.....
Total cost of increase .....	<u>43,705</u>	<u>45,800</u>	<u>47,000</u>	.....	.....
Total base salary (successor agreement) .....	<u>954,183</u>	<u>999,985</u>	<u>1,048,985</u>	.....	.....

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)

4.5

Dollar Impact (average per year over term of agreement)

1,001,051

**Section VI**

	Base Year	Year 1	.....	.....	.....
Cost of Health Plan .....	<u>180,000</u>	<u>185,000</u>	<u>190,000</u>	.....	.....
Employee Contributions .....	<u>0</u>	<u>0</u>	<u>0</u>	.....	.....
Prescription .....	<u>7,200</u>	<u>8,200</u>	<u>9,200</u>	.....	.....
Dental .....	<u>4,800</u>	<u>5,100</u>	<u>5,300</u>	.....	.....
Vision .....	<u>INCL.</u>	<u>INCL.</u>	<u>INCL.</u>	.....	.....

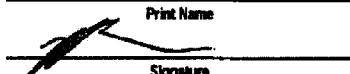
The undersigned certifies that the foregoing figures are true and aware that if any of the foregoing items are false, she is subject to punishment.

**Section VII**

Prepared by:

Michael DePecan

Print Name



Signature

Title:

BD/RS

Date:

6/14/12