

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2013 thru 6/30/2016.

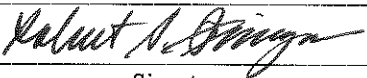
Employer: TEANECK BOARD OF EDUCATION

County: Bergen

Date: 3/12/2014

Name: ROBERT S. FINGER
Print Name

Title: BUSINESS ADMINISTRATOR/BOARD SECRETARY


Signature

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: TEANECK BOARD OF EDUCATION County: Bergen
 Employee Organization: INTERNATIONAL BROTHERHOOD OF TEAMSTERS - LOCAL 97 Employees in Unit: 47
 Base Year Contract Term: 7/1/2010 6/30/2013 New Contract Term 7/1/2013 6/30/2016
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Item 1 <u>Salary</u>	\$2,652,982	\$2,679,512
Item 2 <u>Increment</u>	\$0	\$0
Item 3 <u>Longevity</u>	\$0	\$0
Item 4		
Item 5		
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	\$2,652,982 (Total)	\$2,679,512 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$2,652,982			
Effective Date (m/d/yyyy)	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>	
Percent Increase	1.0	1.0	1.0	
Total cost of Increase ..	\$26,530	\$26,795	\$27,063	
Total base salary (successor agreement)	\$2,679,512	\$2,706,307	\$2,733,370	

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

Percentage Impact (average per year over term of agreement) 1.01
 Dollar Impact (average per year over term of agreement) \$26,796.00


Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$8,312,463	\$9,225,690			
Employee Contributions	\$1,668,122	\$1,955,690			
Prescription	\$1,809,486	\$1,850,000			
Dental	\$745,245	\$750,000			
Vision	\$0	\$0			

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

Section VII

Prepared by: Robert S. Finger Title: Business Administrator

 Signature Date: 3/12/2014