SUMMARY FORM

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

| Section I: Agreement | Details | | | | | |
|--|-------------------------|--|--|--|----------------|--|
| Public Employer: Wyckoff Board of Education | | | | County: Bergen | County: Bergen | |
| Employee Organization | Wyckoff Custod | ial and Maintenance | Employees in Unit: 4 | Employees in Unit: 4 | | |
| Base Year Contract Ten | n: <u>7/1/2010</u> | 6/30/2013 | New Contract Term 7/1/20 | | | |
| Type of Settlement | ☐ Mediated Set | ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation | | | | |
| | | | Column A | Column B | | |
| | | | Base Year - Total Costs (Last Year of Previous agreement) | New Base Year - Total Costs (First Year of Successor agreement) | | |
| Section II: Economic | | | | | | |
| kem 1 | Salary | | \$186,026 | \$189,747 | | |
| Nem 2 | Increment | | | | | |
| Item 3 | Longevity | | 52,189 | \$2,189 | | |
| Kem 4 | | | | | | |
| Item 5 | | Wa-Arra | | | | |
| tem 6 | | | | | | |
| llem 7 | | | | | | |
| kem 8 | | ************************************** | | | | |
| tem 9 | | - | | | | |
| Item 10 | | | | | | |
| Kem 11 | | | | | | |
| Item 12 | | | | | | |
| Any additional items list on separa | te sheet | Additional Items | | | | |
| Section III: Totalis - Sum of costs in each column | | \$188,215 | \$191,936 | | | |
| | | | (Total) | (Total) | | |
| Section IV: Analysis of new ser | Chapter agreement | | NEW AGREEMENT ANALYSIS | | | |
| Total Base Year(previous agreeme | | | 100 | | | |
| Effective Date (m/d/vvvv) | | - t- t | | | | |
| Percent increase | | 7/1/2013 | | | | |
| Total cost of increase | | 2% | | | | |
| Total base malery (successor agree | ment | \$3,721 | | *************************************** | | |
| Section V: Impact of Settl | | \$3,721 | anmant . | | | |
| Percentage impact (sverage per ye | | | edilan | | | |
| Dobber Impact (everage per year over tenn of agreement) \$3,721.00 | | | | | | |
| Section VI | | | | | | |
| Health Insurance findicate costs as | rocioned on earth line) | | | | | |
| Cost of Health Plan | | Base Year | Year 1 | | | |
| Employee Contribution: | | \$37,383 | \$58,330 | | | |
| Prescription | | \$2,823 | \$2,879 | | | |
| Dental | | \$8,114 | \$12,361 | | | |
| Vision | • | \$3,401 | \$5,549 | | | |
| • | | | | | | |
| The undersioned seriffee | that the formation of | | | | | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing larms are false, afte is subject to punisment.