

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Washington Township Board of Education County: Gloucester
 Employee Organization: Washington Township Schools Support Services Personnel Association
 Base Year Contract Term: 7/1/2010 New Contract Term: 6/27/2011 Employees in Unit: 553
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| | Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i> | Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i> |
|----------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Section II: Economic | | |
| Item 1 Salary | \$9,278,177 | \$9,417,349 |
| Item 2 Increment | | |
| Item 3 Longevity | \$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 | \$9,278,177 (Total) | \$9,417,349 (Total) |

Section IV: Analysis of new successor agreement
 Total Base Year(previous agreement) \$9,278,177

| Effective Date (mm/yyyy) | NEW AGREEMENT ANALYSIS |
|-----------------------------------------------|-------------------------------|
| 6/27/2011 | 7/1/2012 |
| 1.5 | 1.0 |
| \$139,173 | \$141,280 |
| | \$95,586 |
| Total base salary (successor agreement) | \$9,417,349 |
| | \$9,654,195 |

Section V: Impact of Settlement - average annual increase over term of agreement
 Percentage Impact (average per year over term of agreement) 1.33
 Dollar Impact (average per year over term of agreement) \$125,339.65

Section VI

Health Insurance (indicate costs associated on each line)

| | Base Year | Year 1 |
|------------------------------|-------------|-------------|
| Cost of Health Plan | \$2,440,228 | \$2,726,218 |
| Employee Contributions | \$92,497 | \$94,274 |
| Prescription | \$785,745 | \$841,419 |
| Dental | \$134,255 | \$153,238 |
| Vision | \$0 | \$0 |

Section VII

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

Prepared by: Robert F. Goldschmidt Title: Superintendent of Schools
 Primary Name: Robert Goldschmidt
 Signature: [Signature] Date: 11/7/2012