

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 7/1/2015 thru 6/30/2018.

Employer: Dumont Board of Education

County: Bergen

Date: 5/3/2017

Name: Kevin Cartotto

Print Name

Title: Business Administrator


Signature

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Dumont Board of Education County: Bergen
Employee Organization: Dumont Education Association Employees in Unit: 232
Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☒ Super Conciliation

Section II: Economic

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1 <u>Salary</u>	\$17,338,573	\$17,842,392
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>		
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	\$17,338,573 (Total)	\$17,841,392 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$17,338,573

Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017			
Percent Increase	2.90	2.70	2.60			
Total cost of increase	\$502,819	\$481,718	\$476,401			
Total base salary (successor agreement)	\$17,841,392	\$18,323,110	\$18,799,511			

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

Percentage Impact (average per year over term of agreement) _____

Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated with each item)

	Base Year	Year 1				
Cost of Health Plan	\$3,917,983	\$4,309,781				
Employee Contributions	\$789,784	\$868,762				
Prescription						
Dental	\$275,498	\$283,763				
Vision						

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.

Section VII

Prepared by: Kevin Cartotto Title: Business Administrator
 Print Name
Signature
Date: 5/3/2017