

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Deptford Township Board of Education County: Gloucester  
 Employee Organization: Deptford Association of School Administrators and Supervisors Employees in Unit: 21  
 Base Year Contract Term: 7/1/2008 6/30/2011 New Contract Term 7/1/2011 6/30/2014  
 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>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$2,365,415	\$2,004,645
Item 2 ..... <u>Increment</u>	\$96,711	\$63,099
Item 3 ..... <u>Longevity</u>	\$0	\$0
Item 4 ..... <u>Tuition Reimbursement</u>	\$36,250	\$30,450
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$2,498,376</u> (Total)	<u>\$2,098,194</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$2,498,376</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>	
Percent Increase .....	<u>2%</u>	<u>2%</u>	<u>2%</u>	
Total cost of increase ..	<u>\$63,099</u>	<u>\$40,093</u>	<u>\$40,895</u>	
Total base salary (successor agreement) .....	<u>\$2,004,645</u>	<u>\$2,044,738</u>	<u>\$2,085,633</u>	

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$48,029.00

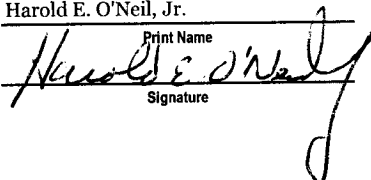
**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan .....	\$279,774	\$279,774			
Employee Contributions .....	\$11,896	\$18,545			
Prescription .....	\$55,782	\$55,782			
Dental .....	\$20,013	\$20,013			
Vision .....					

*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: Harold E. O'Neil, Jr. Title: Interim School Business Administrator  
 Signature  
 Date: 5/10/2012