SUMMARY FORM

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

Section I: Agreement Deta						
Public Employer: Butler Board of Education County: Morris						
Employee Organization	Butler Education A	Association		Employees in Unit: 136		
Base Year Contract Term 7/1/2011 6/30/20		6/30/2014	New Contract Term		6/30/2017	
Type of Settlement:	Mediated Settler	ment	ct-Finder Recommer	ndation	Voluntary Settlement	Super Conciliation
			Column A Base Year - Total Costs (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)	
Section II: Economic		20				
Item 1 Sal	ary	_	\$8,501,365		\$8,665,016	
	rement	_	****		\$445,400	
	gevity	-	\$96,709		\$116,190	
1000000	on Reimbursement	_	\$30,000 \$70,776		\$30,000	
Projector 1	Curricular Stipends	_			\$70,776	—
11 - 11 - 11 - 11 - 11	illes	_	\$98,419		\$101,463	—
ttem 7		_			·	——
Item 9						
Item 10		_				
Item 11		_				
Item 12		_				
Any additional Items list on separate sh	neet	Additional Items				
Section III: Totals - Sum of costs in each polumn			\$8,797,269		\$8,983,445	
			(1	fotal)	(Total)	
Section IV: Analysis of new succes	sor agreement		NFW AGREE	MENT ANALYSIS		
Total Base Year(previous agreement)	\$8,797,269			, ment Phote Fold		
	40,757,200	_				
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016		
Percent Increase		.01925	.01925	.024		
Total cost of increase		\$186,176	\$192,011	\$236,195		
Total base salary (successor agreemer	0	\$8,983,445	\$9,175,456	\$9,411,652		
Section V: Impact of Settlem	ent - average annual in	crease over term of agr	eement			
Percentage impact (average per year o	ver term of agreement)	0.02				
Dollar Impact (average per year over te	rm of agreement)	\$204,794.00				
Section VI						
Health Insurance (Indicate costs associ	ated on each line)			· · · · · · · · · · · · · · · · · · ·		
Cost of Health Plan		Base Year	Year 1			
Employee Contributions		\$1,613,536	\$1,774,889			
Prescription	,	\$108,657	\$120,318			
Dental		\$436,611	\$480,272			
Vision		\$163,200	\$179,520			
		\$0	\$0			
The undersigned certifies the	at the foregoing figure	s are true and is awar	that if any of the f	oregoing items are false,	s/he is subject to punism	ent.
Section VII						
Prepared by:	Barbara M			True:	School Business 2	Administrator
	la 1	Print Name	10/			
	pauta	~ /my		Date:	10/7/2014	
		Signature /				