## **SUMMARY FORM**

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

Section I: Agreement Det	ails					
Public Employer:	Passaic County 1	Manchester Regiona	nl High School	Count	County: Passaic	
Employee Organization Manchester Education Association  Base Year Contract Term: $7/1/2012$ $6/30/2015$				Employees in Unit: 72		
			New Contract Term 7/1/2015 6/30/2016			
Type of Settlement:			Fact-Finder Recommendation	✓ Voluntary Settlement	☐ Super Conciliation	
				<u> </u>	<u> </u>	
			Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreemen	Column New Base Year - (First Year of Success	Total Costs	
Section II: Economic					***************************************	
Item 1 Sal	lary	<del></del>	\$5,240,216	\$5,371,407		
Item 2 Inc	rement		\$99,918	\$123,542		
Item 3 Lor	ngevity		\$46,600	\$43,600		
Item 4						
Item 5		-				
Item 6						
Item 7						
Item 8		***************************************		4		
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Item 9		***************************************				
Item 10						
Item 11	······································					
Item 12		<u> </u>				
Any additional items list on separate sh	eet	Additional Items				
Castina III. Tatala						
Section III: Totals - Sum of costs in each column		\$5,386,734	\$5,538,546			
			(Total)	(Total)		
Section IV: Analysis of new success	sor agreement		NEW AGREEMENT ANALY	SIS		
Total Base Year(previous agreement)	\$5,386,734	***************************************				
Effective Date (m/d/yyyy)						
		7/1/2015				
Percent Increase	****************	2.5%				
Total cost of increase		\$131,191				
Total base salary (successor agreement	)	\$5,371,407				
Section V: Impact of Settleme	ent - average annual ir	crease over term of ag	reement			
Percentage Impact (average per year ov	ver term of agreement)	2.50				
Dollar Impact (average per year over ten	m of agreement)	\$131,191.00				
Section VI						
Health Insurance (Indicate costs associa	ited on each line)					
Cost of Health Plan		Base Year	Year 1			
		\$1,160,323	\$1,220,080			
Employee Contributions		\$319,920	\$352,872			
Prescription		\$305,438	\$321,168	***************************************		
Dental		\$79,226	\$79,226			
Vision						
The undersigned certifies that	at the foregoing figure	s are true and is awar	e that if any of the foregoing items	are false, s/he is subject to punism	ent.	
Section VII						
Prepared by:	del	~ Segerali	No.	Title: Busius	Almehl	
-		Print Name		In Contract	4	
				Date: \$-25	-15	
		Signature		0 0		