## **SUMMARY FORM**

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

Section I: Agreement Deta							
Public Employer:	Lower Cape May Regional School District Cape May County: Cape May						
Employee Organization	Lower Cape May F	Regional School Dist	rict Secretary/Cle	erical	Employees in Unit: 14		
Base Year Contract Term:	7/1/2013	6/30/2014	O/2014 New Contract To		4 6/30/:	2017	
Type of Settlement:	☐ Mediated Settle	ment	ct-Finder Recommer	ndation 🗸	Voluntary Settlement	☐ Super Concili	ation
				ımn A - Total Costs	Column I New Base Year - T		
				evious agreement)	(First Year of Successor		
Section II: Economic							
Item 1 Sala	ary		\$514,521		\$530,189		
	ement						
Item 3 Lon	gevity				***************************************		
Item 5		<u></u>					
Item 6							
Item 7		<del></del>					
Item 8							
Item 9							
Item 10							
Item 11			***************************************				
Item 12							
Any additional items list on separate sh	eet	Additional Items			·		
Section III: Totals - Sum of cost	ection III: Totals - Sum of costs in each column		\$514,521		\$530,189		
	and the second second			otal)	(Total)		
			(1	otalj	(Total)	***************************************	
Soction IV.			NEW ACDEE	MENT ANALYSIS			
Section IV: Analysis of new success  Total Base Year(previous agreement)			NEW AGREE	MENT ANALYSIS			
<b>,</b> , , , , , , , , , , , , , , , , , ,	\$514,521	_					
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016			
Percent increase		3.05%	2.96%	2.79%			
Total cost of increase		\$15,668	\$15,668	\$15,214			
Total base salary (successor agreemen	f)	\$530,189	\$545,858	\$561,072			
Section V: Impact of Settlem		crease over term of agre	eement				
Percentage Impact (average per year or		2.93					
Dollar Impact (average per year over ter	rm of agreement)	\$15,516.67					
Section VI							
Health Insurance (Indicate costs associa	ated on each line)						
		Base Year	Year 1				
Cost of Health Plan  Employee Contributions		\$216,652	\$224,579				
	***************************************	\$11,008	\$17,100				
Dental							
Vision	**************						
						····	
The undersigned certifies th	at the foregoing figure	s are true and is aware	that if any of the fo	oregoing items are false	e, s/he is subject to punism	ient.	
Section VII	34. 1 1 4. 11	-44		<u></u>	Cohool Berrie	A danimintores	
Prepared by:	Mark Mall	ett  Print Name		Title:	School Business	Auministrator	
	$I\lambda$	A THIL NAME		Date:	12/4/2014		
	- VX	Signature		Date.	~~/ <del>7</del> / = V + <del>1</del>		