

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Cumberland Regional Board of Education County: Cumberland
 Employee Organization: Cumberland Regional Administrator Association Employees in Unit: 8
 Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 7/1/2017
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| | Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i> | Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i> |
|--|--|--|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | <u>\$981,754</u> | <u>\$959,395</u> |
| 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 | <u>\$981,754</u> (Total) | <u>\$959,395</u> (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

| | | | | |
|---|------------------|------------------|--------------------|--|
| Total Base Year (previous agreement) | <u>\$981,754</u> | | | |
| Effective Date (m/d/yyyy) | <u>7/1/2014</u> | <u>7/1/2015</u> | <u>7/1/2016</u> | |
| Percent Increase | <u>3%</u> | <u>2.75%</u> | <u>2.01%</u> | |
| Total cost of increase .. | <u>-\$22,359</u> | <u>\$27,151</u> | <u>\$20,271</u> | |
| Total base salary (successor agreement) | <u>\$959,395</u> | <u>\$986,546</u> | <u>\$1,006,817</u> | |

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

Percentage Impact (average per year over term of agreement) 2.58
 Dollar Impact (average per year over term of agreement) \$15,807.00

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | | |
|------------------------------|-----------------|-----------------|--|--|--|
| Cost of Health Plan | <u>\$81,348</u> | <u>\$69,960</u> | | | |
| Employee Contributions | <u>\$22,570</u> | <u>\$31,072</u> | | | |
| Prescription | <u>\$23,984</u> | <u>\$20,103</u> | | | |
| Dental | <u>\$2,903</u> | <u>\$2,170</u> | | | |
| Vision | <u>\$0</u> | <u>\$0</u> | | | |

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: Bruce Harbinson Title: School Business Administrator
 Print Name
 Signature Date: 7/31/2014