SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	ils Cumberland County College				County:	County: Cumberland	
Employee Organization	Faculty Association	on				Employees in Unit: 51	
Base Year Contract Term:	7/1/2011 6/30/2014 Mediated Settlement		New Contract Term 7/1/2014			6/30/2017	
Type of Settlement:					Voluntary Settlement		
туре от остаетнеть	Wiedlated Settle	nion Li re	Cer moor (vecomme)	loation (2)	Voluntary Settlement	Super contamation	
			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							
	lary	_	\$3,497,110		\$3,501,110		
	rement						
<u></u>	ngevity				•		
-	cational Attainment motions/Reclassificatio	n	\$4,000		\$1,000		
	on Reimbursement	<u></u>	\$40,000		\$40,000		
Item 7			410,000				
Item 8							
tem 9				_			
Item 10							
item 11					-		
Item 12							
Any additional items list on separate s	heat	Additional items					
Section III: Totals - Sum of costs in each column		\$3,541,110		\$3,542,110			
			(Total)	(Total)		
			<u> </u>			<u> </u>	
Section IV: Analysis of new succe Total Base Year(previous agreement)	· ·		<u>NEW AGRES</u>	EMENT ANALYSIS			
total base resignations agreemently	\$3,541,110	<u>'</u>					
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016			
Percent Increase		2.0%	0.0%	2.0%			
Total cost of Increase		\$70,021	\$0	\$71,423			
Total base salary (successor agreeme	ent) , , , , , , , , , , , , , , , , , , ,	\$3,612,131	\$3,612,131	\$3,683,554			
Section V: Impact of Settler	ment - average annual i	increase over term of agr	eement			. ,	
Percentage impact (sverage per year	over term of agreement)	1.30					
Doder Impact (average per year over	lerm of agreement)	\$47,148.00					
Section VI							
		······································					
Health insurance (Indicate costs asso	icialed on each linej	Base Year	Year 1				
Cost of Heafth Plan ,		\$613,716	\$740,819				
Employee Contributions		\$88,594	\$142,174				
Prescription		\$166,532	\$203,046				
Dentaf		\$24,179	\$31,501				
VIsion		\$8,177	\$17,276	,			
The undersigned certifies	that the foregoing figu	res are true and is awa	re that if any of the	foregoing items are fals	e, s/he is subject to punis	ment.	
Section VII						11 -	
Prepared by:	Tos	emane	- hiscu	J.S. Title:	Direc	101 11 10	
	1	Print Name	-	—	~ /	1.	
	1	<u> </u>		Date	1127	[1]	
		Signature			, 1		