

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Cliffside Park County: Bergen
 Employee Organization: CPEA Employees in Unit: 248
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 Salary	\$16,861,428	\$17,745,750
Item 2 Increment	\$0	\$0
Item 3 Longevity	\$189,200	\$199,300
Item 4 Tuition Reimbursement	\$35,000	\$50,000
Item 5 Extra Curricular & Athletic	\$391,915	\$508,995
Item 6 Stipend	\$220,582	\$171,800
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	\$17,698,125 (Total)	\$18,675,845 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$17,698,125

Effective Date (m/d/yyyy)	7/1/2015	7/1/2016	7/1/2017
Percent Increase	2.62	2.85	2.91
Total cost of increase			
Total base salary (successor agreement)			

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

Percentage Impact (average per year over term of agreement) 2.79
 Dollar Impact (average per year over term of agreement) _____


Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	\$2,759,279	\$4,242,439
Employee Contributions	\$234,811	\$989,003
Prescription		
Dental		
Vision		

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: Michael J. Romagnino Title: Superintendent
 Signature:  Date: 4/27/2016