## **SUMMARY FORM**

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

Section I: Agreement Deta	iils						
Public Employer: Bridgewater-Raritan Regional School District					County: Somerset		
Employee Organization	ciation	tion Employees in Unit 1,080					
Base Year Contract Term:	7/1/2011	6/30/2012	New Contract Term 7/1/2012 6/30/2015				
Type of Settlement:	☑ Mediated Settlement ☐ Fa		sct-Finder Recommendation C		Voluntary Settlement Super Conciliation		
	and the second second		Colu <u>Base Year -</u> (Last Year of Pre	Total Costs	Column   New Base Year - 1 (First Year of Success:	Total Costs	
ection II: Economic							
Item 1 Sal	ary		<b>\$65,657,661</b>	<u> </u>	\$67,561,733		
Item 2 Inc	rement						
Rem 3 Lor	ogevity						
kem 4					****		
tem 5							
tem 6			l				
item 7				l			
Item 8							
Item 9							
Item 10							
kem 11							
kem 12							
Any additional items list on separate si	heet	Additional flame					
Section III: Totals - Sum of costs in each column			*** ***		PC7 504 700		
			\$65,657,661		\$67,561,733		
			(7:	otal)	(Total)		
				1			
SECTION IV: Analysis of new succes	racr agreement		<u>NEW AGREE</u>	MENT ANALYSIS			
Total Base Year(previous agreement)	\$65,657,661	-					
Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/2014			
Percent increase		2.9%	2.9%	2.9%			
Yotel cost of increase		\$1,904,072	\$1,959,290	\$2,016,110			
Total base salary (successor agreeme	nt	\$67,561,733	\$69,521,023	\$71,537,133			
ection V: Impact of Settlen	nent - average annual incre	ase over term of ag	reement			31.11.11.11.11.11.11.11.11.11.11.11.11.1	
Percentage Impact (average per year	over term of agreement)	2.90					
Dollar Impact (everage per year over t	erm oi agreement)	\$1,959,824.00					
netion W. * Benefi	it costs for e	ntire diet	rict (appr	ov 1060 amo	loyees receiv:	ing benefitel	
ection VI * Benefi		merre area	Tice (appi)	ox. 1000 emp	toyees receiv.	ing benefics;	
Hasift insurance (Indicate costs associ	cused on each line)	Basse Year	Year 1 (A)				
Cost of Health Plan		\$18,794,395	\$13,547,298				
Employee Contributions	***************************************	\$1,085,560	\$1,500,000				
Prescription			\$3,500,000				
Dental		***************************************	\$1,333,180				
Vision							
The undersioned and #	that the formains finished	and the second leave					
The undersigned certifies t	riai are ruregoing riquites i	sie uve and is awa	e char a any of the fo	wegoing nems are laisi	s, sine is subject to punis	ment.	
ection VII	Doton D. Cul	2,		-	Pusinosa Admi-	istrator/Board Sec	
Prepared by:	Peter F. Star	Print Name		Title:	DUSTRESS ACION	istrator/ Doard Sec	
	14	HE TRACTION		Date:	11/0/10		
		Signature		cae:	-113116	-	

(A) Estimated