

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Clark Board of Education County: Union
 Employee Organization: Clark Administrator Association Employees in Unit: _____
 Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term: 7/1/2014 6/30/2017
 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	\$1,126,013	\$1,151,912
Item 2 Increment		
Item 3 Longevity		
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	\$1,126,013 (Total)	\$1,151,912 (Total)

Section IV: Analysis of new successor agreement

Total Base Year (previous agreement) \$1,126,013

NEW AGREEMENT ANALYSIS

Effective Date (m/d/yyyy)	7/1/2014	7/1/2015	7/1/2016
Percent Increase	2.3	2.3	2.3
Total cost of increase ..	\$25,898	\$26,494	\$27,103
Total base salary (successor agreement)	\$1,151,912	\$1,178,406	\$1,205,509

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

Percentage Impact (average per year over term of agreement) 2.30
 Dollar Impact (average per year over term of agreement) \$26,499.00


Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	\$131,060	
Employee Contributions	\$33,291	
Prescription	\$19,578	
Dental	\$7,916	
Vision	\$1,333	

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: David Oliveira Title: Business Administrator/Board Secretary
 Print Name: _____
 Signature:  _____
 Date: 10/6/2014