

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Haledon Board of Education County: Passaic
 Employee Organization: Haledon Education Association Employees in Unit: 97
 Base Year Contract Term: 7/1/2008 6/30/2011 New Contract Term 7/1/2011 6/30/2014
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	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		
Item 1 <u>Salary</u>	\$5,772,510	\$5,891,650
Item 2 <u>Increment</u>	\$148,465	\$119,140
Item 3 <u>Longevity</u>	\$46,800	\$46,800
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	\$5,967,775	\$6,057,590
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$5,967,775

Effective Date (m/d/yyyy)	7/1/2011	7/1/2012	7/1/2013
Percent Increase	2%	2%	2%
Total cost of increase ..	\$89,815	\$91,811	\$93,443
Total base salary (successor agreement)	\$5,891,650	\$6,009,483	\$6,129,673

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

Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$91,823.00

Section VI

Health Insurance (indicates costs associated on each line)

	Base Year	Year	Year 1	Year 2
Cost of Health Plan	\$4,542,391	\$1,702,928	<u>1,386,487</u>	<u>1,525,135</u>
Employee Contributions	\$90,484	\$462,991	<u>152,591</u>	<u>234,115</u>
Prescription			<u>102,059</u>	<u>112,265</u>
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: John Serapiglia Title: Business Administrator
 Signature: _____ Date: 6-12-11