SUMMARY FORM

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

Section I: Agreement Det Public Employer:	alls Lower Cape May Regional School District				County: Cape May		
Employee Organization	Lower Cape May	y Regional School Di	strict Bus Driver	s		Employees in Unit: 39	
Base Year Contract Term:	7/1/2013	6/30/2014	New Contract Term				
Type of Settlement:	☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation						
			Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Item 1 Sal	ary		\$702,301	· · · · · · · · · · · · · · · · · · ·	\$720,437		
Item 2 Inc	rement						
Item 3 Lon	gevity				•		
Item 4							
Item 5							
Item 6							
Item 7							
Item 8							
Item 9		_ _					
Item 10							
Item 11							
Item 12		*************************************					
Any additional items list on separate sh	eet	Additional Items					

ection III: Totals - Sum of costs in each column			\$702,301		\$720,437		
				(Total)	(Total)		
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Section IV:			l WEW ACCO	FAFFIET AND YOUR			
ection IV: Analysis of new success Total Base Year(previous agreement)			NEW AGKE	EMENT ANALYSIS			
10m page 10m Pressons silverilially	\$702,301						
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016			
Percent Increase		2.58%	2.48%	2.40%			
Total cost of increase			*****				
Total base salary (successor agreement		\$18,136 \$720,437	\$17,863 \$738,300	\$17,702 \$756,002			
ection V: Impact of Settleme	ent - average appual i			Ψ7 30,002	THE PROPERTY OF THE PROPERTY O	NATIONAL PROPERTY.	
Percentage Impact (average per year ov		_	SCHEIR				
Dollar Impact (average per year over terr		2.49					
Dona: Impact (average per year over ter	ii oi agreenieliş	\$17,900.33			4		
ection VI							
Health Insurance (Indicate costs associa	and an assah fire)						
icaus insurance (murate costs associa	ed dir each miej	Base Year	Year 1				
Cost of Health Plan		\$57,801	\$59,433				
Imployee Contributions		\$1,142	\$2,144				
rescription							
ental			V · · · · · · · · · · · · · · · · · · ·	***************************************			
ision							
	t the foregoing figure	es are true and is aware	that if any of the f	oregoing items are false	e, s/he is subject to punisment.		
ction VII	1	_					
repared by:	Mark Mal	lett/		Title:	School Business Administrato	r	
	/1	Print Name					
	11/1	1	Constitution Const	Date:	12/4/2014		
	1	Signature	-				