

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Little Egg Harbor Township Board of Education County: Ocean

Employee Organization: Little Egg Harbor Township Support Staff Association Employees in Unit: 92

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>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1,973,082	\$2,012,544
Item 2 ..... <u>Increment</u>	\$39,462	\$40,357
Item 3 ..... <u>Longevity</u>	\$52,300	\$56,050
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$2,064,844</u>	<u>\$2,108,951</u>
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,064,844

Effective Date (m/d/yyyy)	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>	_____	_____
Percent Increase .....	2.0	2.7	2.7		
Total cost of increase ..	\$40,357	\$55,388	\$56,969		
Total base salary (successor agreement) .....	\$2,052,901	\$2,108,289	\$2,165,285		

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

Percentage Impact (average per year over term of agreement) 2.47

Dollar Impact (average per year over term of agreement) \$50,914.00

**Section VI**

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1	_____	_____	_____
Cost of Health Plan .....	\$1,159,072	\$1,268,172			
Employee Contributions .....	\$52,656	\$74,305			
Prescription .....	\$301,255	\$345,024			
Dental .....	\$53,693	\$61,359			
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:

Jann L. Cohen

Title: School Business Administrator/Bd Secy

Print Name



Date: 10/15/2015

Signature