

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Cliffside Park County: Bergen  
 Employee Organization: Teacher Aides 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>	<u>\$1,447,516</u>	<u>\$1,767,977</u>
Item 2 ..... <u>Increment</u>	<u>\$0</u>	<u>\$0</u>
Item 3 ..... <u>Longevity</u>	<u>\$13,500</u>	<u>\$117,200</u>
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
<small>Any additional items list on separate sheet Additional Items</small>		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$1,461,016</u> <small>(Total)</small>	<u>\$1,785,177</u> <small>(Total)</small>

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,461,016

Effective Date (m/d/yyyy)	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>	_____	_____
Percent Increase	<u>2.62</u>	<u>2.85</u>	<u>2.91</u>		
Total cost of increase					
Total base salary (successor agreement)					

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

Percentage Impact (average per year over term of agreement) 2.79  
 Dollar Impact (average per year over term of agreement) \_\_\_\_\_

**Section VI**

*Health Insurance (indicate costs associated on each line)*

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	<u>\$156,491</u>	<u>\$163,309</u>			
Employee Contributions	<u>\$5,400</u>	<u>\$11,251</u>			
Prescription					
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: Michael J. Romangino Title: Superintendent  
 Date: 9/2016  
Print Name  
Signature