

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Hanover Twp. Bd. of Ed. County: Morris
 Employee Organization: Hanover Twp Education Association Employees in Unit: 250
 Base Year Contract Term: 7/1/11 - 6/30/14 New Contract Term: 7/1/14 - 6/30/17
 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 <u>Salary</u>	<u>12,481,434</u>	<u>12,772,803</u>
Item 2 <u>Increment</u>	<u>268,533</u>	<u>276,729</u>
Item 3 <u>Longevity</u>	<u>50,227</u>	<u>50,227</u>
Item 4 <u>Tuition Reimb.</u>	<u>41,000</u>	<u>45,000</u>
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	<u>12,841,194</u> (Total)	<u>13,144,759</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) 12,841,194

Effective Date (m/d/yyyy)	<u>7/1/14</u>	<u>7/1/15</u>	<u>7/1/16</u>	_____	_____
Percent Increase	<u>2.35</u>	<u>2.40</u>	<u>2.45</u>	_____	_____
Total cost of increase ..	<u>303,565</u>	<u>313,189</u>	<u>327,387</u>	_____	_____
Total base salary (successor agreement)	<u>13,144,759</u>	<u>13,457,948</u>	<u>13,785,335</u>	_____	_____

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

Percentage Impact (average per year over term of agreement) 2.4%
 Dollar Impact (average per year over term of agreement) 314,714

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	<u>3,320,526</u>	<u>3,523,774</u>	_____	_____	_____
Employee Contributions	<u>496,000</u>	<u>742,000</u>	_____	_____	_____
Prescription	<u>Included in Health</u>	_____	_____	_____	_____
Dental	<u>265,630</u>	<u>253,482</u>	_____	_____	_____
Vision	<u>24,557</u>	<u>25,832</u>	_____	_____	_____

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.

Section VII

Prepared by: Vanessa M. Wolosky Title: Business Administrator
 Print Name
Vanessa M. Wolosky Signature Date: 10/7/14