

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2018 thru 6/30/2021.

Employer: Lacey Township Board of Education

County: Ocean

Date: 3/21/2019

Name: Patrick S. DeGeorge

Print Name

Title: Business Administrator/Board Secretary

  
Signature

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Lacey Township Board of Education County: Ocean  
 Employee Organization: Lacey Township Child Study Team Association Employees in Unit: 12  
 Base Year Contract Term: 7/1/2017 6/30/2018 New Contract Term 7/1/2018 6/30/2021  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

|  | Column A<br>Base Year - Total Costs<br><i>(Last Year of Previous agreement)</i> | Column B<br>New Base Year - Total Costs<br><i>(First Year of Successor agreement)</i> |
|--|---|---|
| <b>Section II: Economic</b>                                  |   |   |
| Item 1 ..... <u>Salary</u>                                   | \$870,317   | \$902,331   |
| Item 2 ..... <u>Increment</u>                                | \$0   | \$0   |
| Item 3 ..... <u>Longevity</u>                                | \$15,550  | \$16,130  |
| Item 4 ..... <u>CEUs</u>                                     | \$1,750   | \$259   |
| 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     | \$887,617   | \$918,720   |
|  | (Total)   | (Total)   |

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$887,617

| Effective Date (m/d/yyyy)                     | <u>7/1/2018</u> | <u>7/1/2019</u> | <u>7/1/2020</u> |
|---|-----------------|-----------------|-----------------|
| Percent Increase .....                        | 3.50%           | 3.50%           | 3.50%           |
| Total cost of increase ..                     | \$30,514        | \$31,581        | \$32,687        |
| Total base salary (successor agreement) ..... | \$902,331       | \$933,912       | \$966,599       |

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

Percentage Impact (average per year over term of agreement) 3.50  
 Dollar Impact (average per year over term of agreement) \$31,594.00

**Section VI**

Health Insurance (indicate costs associated on each line)

|                              | Base Year | Year 1    |
|------------------------------|-----------|-----------|
| Cost of Health Plan .....    | \$236,779 | \$231,336 |
| Employee Contributions ..... | \$69,426  | \$70,943  |
| Prescription .....           | \$76,224  | \$78,129  |
| Dental .....                 | \$12,580  | \$10,203  |
| Vision .....                 | \$0       | \$0       |

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: Patrick S. DeGeorge Title: Business Administrator/Board Secretary  
  
 Signature  
 Date: 3/21/2019

**Lacey Township School District  
LTCSTA  
Health Insurance Information for PERC**

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|   | <b>FY18</b> | <b>FY19</b> |
|---|-------------|-------------|
| Medical   | 236,779     | 231,336     |
| EE Contributions                                | 69,426      | 70,943      |
| Prescription                                    | 76,224      | 78,129      |
| Dental  | 12,580      | 10,203      |
| Vision  | -           | -           |
|   |             |             |
| Total # of LTCSTA members with benefit coverage |             | 9           |
| Total # of LTCSTA members                       |             | 12          |
|   |             | 75%         |