

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Monmouth Regional High School County: Monmouth  
 Employee Organization: Monmouth Regional Education Association- not including new unit Employees in Unit: 120  
 Base Year Contract Term: 7/1/2010 6/30/2011 New Contract Term 7/1/2011 6/30/2014  
 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>	\$8,136,450	\$8,255,278
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$152,280	\$197,700
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	\$8,288,730 (Total)	\$8,452,978 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$8,288,730

Effective Date (m/d/yyyy)	7/1/2011	7/1/2012	7/1/2013
Percent Increase .....	2%	2%	2%
Total cost of increase ..	\$165,775	\$169,090	\$172,472
Total base salary (successor agreement) .....	\$8,454,505	\$8,623,595	\$8,796,067

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$169,112.00

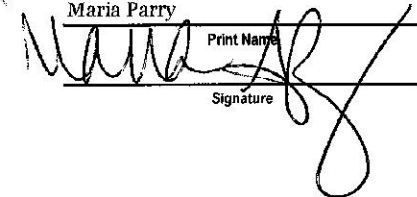
**Section VI**

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

	Base Year	Year 1
Cost of Health Plan .....	\$2,450,808	\$2,592,857
Employee Contributions .....	\$36,762	\$144,645
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: Maria Parry Title: School Business Administrator  
 Signature:  Date: 5/22/2012

Includes  
Rx, Dent  
Health