

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Downe Township Board of Education County: Cumberland
 Employee Organization: DTEA Employees in Unit: 45
 Base Year Contract Term: 7/1/2007 6/30/2010 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>
Section II: Economic		
Item 1 <u>Salary</u>	\$1,898,478	\$1,681,821
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$42,900	\$40,860
Item 4 <u>Stipends</u>	\$2,500	\$5,450
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	\$1,943,878 (Total)	\$1,727,931 (Total)

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,943,878

Effective Date (m/d/yyyy)	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>		
Percent Increase	<u>2.0% & RIF</u>	<u>2.0%</u>	<u>To be Neg.</u>		
Total cost of increase ..		\$34,559			
Total base salary (successor agreement)		\$1,762,490			

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

Percentage Impact (average per year over term of agreement) _____
 Dollar Impact (average per year over term of agreement) _____

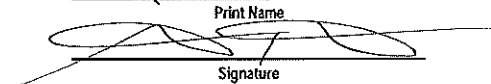
Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan					
Employee Contributions					
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: Stephane Kuntz Title: SBA
 Signature:  Date: 6/27/12