## **SUMMARY FORM**

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

Section I: Agreement Deta		tu Vocation -1 0.1	al District B 1	f Education	Management	
Public Employer:	Monmouth Coun	ty Vocational Scho	oi District Board o	of Education	County: Monmouth	
Employee Organization Principals and Supervisors Associat			ion	n Employees		
Base Year Contract Term: 7/1/2009		6/30/2012 New Contract Te		tract Term <u>7/1/2012</u>	n 7/1/2012 6/30/2015	
Type of Settlement:	☐ Mediated Settle	ement $\square$	Fact-Finder Recomme	endation	Voluntary Settlement Super	Conciliation
			Base Year	lumn A r - Total Costs revious agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)	
Section II: Economic					2	
Item 1 Sala	ary		\$2,179,220		\$2,152,260	
Item 2 Incr	ement	-				
Item 3 Lon	gevity		\$10,200		\$12,600	
Item 4 Doct	orate Differential		\$2,800		\$4,000	
Item 5 Tuitio	n Reimbursement	-	\$12,855		\$10,071	
Item 6						
Item 7		-				
Item 8		-				
Item 9						
Item 10						
Item 11						
Item 12						
Any additional items list on separate she	eet	Additional Items				
Section III: Totals - Sum of costs in each column			\$2,205,075 (Total)		\$2,178,931	
			1	Total)	(Total)	
Section IV: Analysis of new success			NEW AGRE	EMENT ANALYSIS		
Total Base Year(previous agreement)	\$2,205,075					
Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/2014		
Percent Increase		-1.19%	2.20%	2.42%		
Total cost of increase		-\$26,144	\$47,849	\$53,880	Management of the Control of the Con	to the second se
Total base salary (successor agreement	)	\$2,178,931	\$2,226,780	\$2,280,660		
Section V: Impact of Settleme	ent - average annual ir	crease over term of a	greement	17		
Percentage Impact (average per year ov	er term of agreement)	1.14				
Dollar Impact (average per year over ten	n of agreement)	\$25,195.00	•			
Section VI						
Health Insurance (Indicate costs associa	ted on each line)					
Cost of Health Plan		Base Year	Year 1			
Employee Contributions		\$252,538	\$268,861			***************************************
Prescription		\$0	\$38,163	-		
Dental		\$74,961	\$77,847			
Vision		\$22,732	\$23,006			
The undersigned certifies the Section VII	at the foregoing figure	es are true and is awa	are that if any of the f	foregoing items are false,	s/he is subject to punisment.	
Prepared by:	Heidi M. I	Brown		Title:	Payroll & Benefits Book Keep	er
,		Print Name	M	Date:	2/22/2013	
		Signature	100	Date:	2/22/2010	