

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 7/1/2010 thru 6/30/2013.

Employer: Moorestown School District

County: Burlington

Date: 5/29/2012

Name: Lynn E. Shugars

Print Name

Title: Business Administrator

Lynn E. Shugars

Signature

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Moorestown Public School District County: Burlington
 Employee Organization: Moorestown Education Association Employees in Unit: 500
 Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term 7/1/2010 6/30/2012
 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>	\$31,186,208	\$29,016,528
Item 2 <u>Increment</u>		\$307,973
Item 3 <u>Longevity</u>		\$6,000
Item 4 <u>Nonrecurring off guide pymt.</u>		\$202,500
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	\$31,186,208 (Total)	\$29,533,001 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$31,186,208		
Effective Date (m/d/yyyy)	<u>7/1/2010</u>	<u>7/1/2011</u>	<u>7/1/2012</u>
Percent Increase	1.78	2.76	2.75
Total cost of increase ..	\$516,473	\$808,190	\$827,293
Total base salary (successor agreement)	\$29,016,528	\$29,324,502	\$30,132,692

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

Percentage Impact (average per year over term of agreement) 2.43
 Dollar Impact (average per year over term of agreement) \$717,319.00


Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$7,330,730	\$8,063,803	\$8,870,183	\$9,757,201	
Employee Contributions	\$0	\$450,000	\$700,000	\$950,000	
Prescription	\$0	\$0	\$0	\$0	
Dental	\$603,580	\$603,580	\$603,580	\$633,760	
Vision	\$50,000	\$50,000	\$50,000	\$50,000	

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: Lynn E. Shugars Title: Business Administrator
 Print Name

 Signature
 Date: 5/29/2012