

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Cumberland County College County: Cumberland  
 Employee Organization: Management Team Association Employees in Unit: 36  
 Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2017  
 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>	\$1,414,527	\$1,366,498
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
Item 4 ..... <u>Educational Attainment</u>	\$750	\$500
Item 5 ..... <u>Promotions/Reclassification</u>		\$10,000
Item 6 ..... <u>Tuition Reimbursement</u>	\$15,000	\$15,000
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	<u>\$1,430,277</u> (Total)	<u>\$1,391,998</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,430,277

Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	_____	_____
Percent Increase .....	<u>2.0%</u>	<u>0.0%</u>	<u>2.0%</u>		
Total cost of increase ..	<u>\$26,892</u>	<u>\$0</u>	<u>\$27,868</u>		
Total base salary (successor agreement) .....	<u>\$1,418,890</u>	<u>\$1,418,890</u>	<u>\$1,446,758</u>		

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

Percentage Impact (average per year over term of agreement) 1.30  
 Dollar Impact (average per year over term of agreement) \$18,253.00

**Section VI**

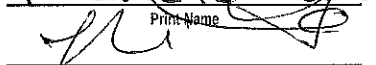
Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan .....	\$424,812	\$522,947			
Employee Contributions .....	\$61,325	\$100,361			
Prescription .....	\$115,273	\$143,331			
Dental .....	\$16,736	\$22,237			
Vision .....	\$5,660	\$12,195			

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:

Rosemarie Fiscky  
 Print Name  
  
 Signature

Title:

Director HR

Date:

7/27/15