

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Freehold Township Board of Education County: Monmouth  
 Employee Organization: Freehold Education Association Employees in Unit: 574  
 Base Year Contract Term: 7/1/2010 6/30/2013 New Contract Term 7/1/2013 6/30/2016  
 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>	\$29,549,230	\$30,525,308
Item 2 ..... <u>Increment</u>	\$774,840	\$782,085
Item 3 ..... <u>Longevity</u>	\$92,725	\$99,775
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
<small>Any additional items list on separate sheet Additional Items</small>		
<b>Section III: Totals</b> - Sum of costs in each column	\$30,416,795 (Total)	\$31,407,168 (Total)

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

Total Base Year (previous agreement) \$30,416,795

Effective Date (m/d/yyyy)	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>	_____	_____
Percent Increase .....	3.5	3.5	3.5		
Total cost of increase .....	\$976,078	\$1,009,785	\$1,044,261		
Total base salary (successor agreement) .....	\$30,525,308	\$31,535,093	\$32,579,354		

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

Percentage Impact (average per year over term of agreement) 3.50  
 Dollar Impact (average per year over term of agreement) \$1,010,041.00

**Section VI**

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

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan .....	\$9,636,158	\$9,389,504			
Employee Contributions .....	\$443,238	\$457,879			
Prescription .....					
Dental .....	\$762,695	\$762,695			
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: Brian P. Boyle Title: School Business Administrator  
 Print Name  
Brian P. Boyle Date: 11/3/2014  
 Signature