

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Closter Board of Education County: Bergen
 Employee Organization: Closter Education Association Employees in Unit: 118
 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 <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i> | Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i> |
|--|--|--|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | \$9,231,915 | \$9,231,915 |
| Item 2 <u>Increment</u> | | \$214,978 |
| Item 3 <u>Longevity</u> | \$46,000 | \$45,000 |
| Item 4 <u>Tuition Reimbursement</u> | \$20,000 | \$20,000 |
| 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 | <u>\$9,297,915</u> (Total) | <u>\$9,511,893</u> (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$9,297,915

| <u>Effective Date (m/d/yyyy)</u> | <u>7/1/2013</u> | <u>7/1/2014</u> | <u>7/1/2015</u> |
|---|--------------------|--------------------|--------------------|
| Percent Increase | <u>2.33%</u> | <u>2.39%</u> | <u>2.43%</u> |
| Total cost of increase .. | <u>\$214,978</u> | <u>\$225,559</u> | <u>\$235,166</u> |
| Total base salary (successor agreement) | <u>\$9,446,893</u> | <u>\$9,672,452</u> | <u>\$9,907,618</u> |

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

Percentage Impact (average per year over term of agreement) 2.38%
 Dollar Impact (average per year over term of agreement) \$225,234.00

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011


Section VI

Health Insurance (indicate costs associated on each line)

| | Base Year | Year 1 |
|------------------------------|-------------|-------------|
| Cost of Health Plan | \$2,102,672 | \$2,258,996 |
| Employee Contributions | \$153,286 | \$188,200 |
| 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: Peter Iappelli Title: School Business Administrator
 Signature:  Date: 9/15/2014