SUMMARY FORM

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

| Section I: Agreement Deta | | | | | | | |
|---|----------------------------|----------------------|---|-----------------------|--|----------------------|--|
| Public Employer: | Butler Board of Education | | | | | County: Morris | |
| Employee Organization Butler Supervisor's Association | | | | | Employe | Employees in Unit: 4 | |
| Base Year Contract Term: | 7/1/2011 | 6/30/2014 | New Contrac | ct Term | 6/30/2 | 6/30/2017 | |
| Type of Settlement: | Mediated Settleme | nt 🗀 Fac | ict-Finder Recommendation | | Voluntary Settlement Super Conciliation | | |
| | | : | Colun <u>Base Year -</u> (Last Year of Prev | Total Costs | Column B New Base Year - To (First Year of Successor | otal Costs | |
| Section II: Economic | | · | | | | | |
| Item 1 | llary | , | \$403,642 | | \$410,203 | | |
| Item 2 Inc | crement | | | | | | |
| Item 3 Longevity | | | \$6,400 | | \$7,000 | | |
| Item 4 Tuit | tion Reimbursement | | \$25,488 | | \$25,488 | | |
| Item 5 Due | es | | \$0 | | \$1,000 | | |
| Item 6 | | | - | | | | |
| Item 7 | | | | | | | |
| Item 8 | | | | | | | |
| Item 9 | | | | | | | |
| Item 10 | | | | | | | |
| Ilem 11 | | | | | | | |
| Item 12 | | | | | | | |
| Any additional items list on separate | sheet | Additional Items | | | l ——— | | |
| Section III: Totals - Sum of costs in each column | | | \$435,530 | | \$443,691 | | |
| | | | (Total) | | | | |
| | | | "" | ulai) | (Total) | | |
| | | | <u> </u> | | L | | |
| Section IV: Analysis of new succ | | | NEW AGREE | MENT ANALYSIS | | | |
| Total Base Year(previous agreement | \$435,530 | _ | | | | | |
| Effective Date (m/d/yyyy) | | 7/1/2014 | 7/1/2015 | 7/1/2016 | | | |
| Percent Increase | | 7/1/2014 | 7/1/2015 | 7/1/2016 | | | |
| Total cost of increase | | .016 | .0225 | .024 | | | |
| Total base salary (successor agreen | nent) | \$8,161 \$443,691 | \$9,373 \$453,064 | \$10,223 \$463,287 | | | |
| | | | | \$403,267 | | ···· | |
| Section V: Impact of Settle | _ | • | reement | | | | |
| Percentage Impact (average per yea | | 0.02 | | | | | |
| Dollar Impact (average per year over | r (erm or agreement) | \$9,252.00 | | | | | |
| Section VI | | | | | | | |
| Health Insurance (Indicate costs ass | enciated as each lists | | | | | | |
| rrealli mawance [mocale costs ass | socialed bit each shelf | Base Year | Year 1 | | | | |
| Cost of Health Plan | | \$41,215 | \$45,336 | | | | |
| Employee Contributions | | \$4,516 | \$4,843 | | | | |
| Prescription | | \$10,576 | \$11,633 | | | | |
| Dental | | \$6,677 | \$6,677 | | | | |
| Vision | | \$0 | \$0 | | | | |
| The undersinged certifies | that the foregoing figures | are true and is own | re that if any of the f | nredning itams am fo | lise, s/he is subject to punis | ment | |
| Section VII | and the locationit lighter | ure une alla is dwa | re august any Di Mê I | огедонну цеть аге та | nae, anne la audiect to punis | ment. | |
| Prepared by: | Barbara M | urnhy | | Tit | e School Business | Administrator | |
| repured by. | Dai Dai a Wi | Print Name | | 110 | oction pusitiess | - Italiinisti atti | |
| | Au to | m ms/ | 1 | Da | te 10/7/2014 | | |
| 1 | FILLION | Sinnature | 1) | . Da | 10/// 2014 | | |