

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Butler Board of Education County: Morris  
 Employee Organization: Butler Administrators Association Employees in Unit: 4  
 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

| Section II: Economic   | Column A  | Column B  |
|--|---|---|
|  | Base Year - Total Costs<br><i>(Last Year of Previous agreement)</i> | New Base Year - Total Costs<br><i>(First Year of Successor agreement)</i> |
| Item 1 ..... Salary  | \$509,315   | \$519,640   |
| Item 2 ..... Increment                                       |   |   |
| Item 3 ..... Longevity                                       | \$5,150   | \$5,150   |
| Item 4 ..... Tuition   | \$4,500   | \$4,500   |
| Item 5 ..... Professional Development                        | \$8,000   | \$8,000   |
| Item 6 ..... Cell  | \$0   | \$1,600   |
| 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     | \$526,965   | \$538,890   |
|  | (Total)   | (Total)   |

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

**NEW AGREEMENT ANALYSIS**

Total Base Year(previous agreement) \$526,965

| Effective Date (m/d/yyyy)               | 7/1/2014  | 7/1/2015  | 7/1/2016  |
|---|-----------|-----------|-----------|
| Percent Increase                        | .016      | .0225     | .024      |
| Total cost of increase                  | \$11,925  | \$11,691  | \$12,751  |
| Total base salary (successor agreement) | \$538,890 | \$550,581 | \$563,334 |

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

Percentage Impact (average per year over term of agreement) 0.02  
 Dollar Impact (average per year over term of agreement) \$12,122.00


**Section VI**

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

|                        | Base Year | Year 1   |
|------------------------|-----------|----------|
| Cost of Health Plan    | \$43,791  | \$48,170 |
| Employee Contributions | \$5,523   | \$6,136  |
| Prescription           | \$12,436  | \$13,679 |
| Dental                 | \$6,677   | \$6,677  |
| 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: Barbara Murphy Title: School Business Administrator  
 Signature:  Date: 10/7/2014