SUMMARY FORM

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

Section I: Agreement Deta Public Employer:		wnship Board of Edu			County: Morris		
521, \$0000000002.007.00 (000) • \$46.075	East Hanover To	wnship Administrate	or's Association				
Employee Organization Base Year Contract Term: 7/1/2010 6/30/2013						Employees in Unit: 5	
Type of Settlement:					Voluntary Settlem		
Type of Settlement.	Li iviedialed Setti	ienient	act-rinder Neconini	endation <u>c</u>	• Voluntary Settlerin	ent 🔲 Super	Conciliation
			Base Yea	olumn A r - Total Costs Previous agreement)	New Base	Column B Year - Total Costs f Successor agreement)	
Section II: Economic]
Item 1 Sal	ary		\$627,822	\$627,822		\$640,378	
Item 2 Inc	rement	_					
Item 3 Lor	ngevity		\$1,800		\$1,800		
Item 4							
Item 5			ļ				i.
Item 6		_					
Item 7		_					
Item 8		-					
Item 9							
Item 10		_					
Item 11							
Item 12	V 294	FROM CONTROL (SEE)					
Any additional items list on separate sh	eut	Additional Items			-		
Section III: Totals - Sum of costs in each column			\$629,622		\$642,178		
			(Total)		way are		
			,	Total		(Total)	
0 01							
Section IV: Analysis of new success	sor agreement		<u>NEW AGRE</u>	EMENT ANALYSIS			
Total Base Year(previous agreement)	\$629,622						
Effective Date (m/d/yyyy)		7/1/2013	7/1/2014	7/1/2015			
Percent Increase		2%	2%	2%	*****	-	
Total cost of increase		\$12,592	\$12,808	\$13,064			
Total base salary (successor agreemen	0	ψ12,002	Ψ12,000	Ψ10,004	-		
Section V: Impact of Settlem	ent - average annual i	ncrease over term of agre	eement		- Allie Carlos		
Percentage Impact (average per year or		2.00	333663563				
Dollar Impact (average per year over ter	m of agreement)	\$12,821.00					
		Ψ12,021.00					
Section VI				10000 1000			
Health insurance (indicate costs as soci	ated on each line)						
Cost of Health Plan		Base Year	Year 1				
Employee Contributions		\$50,635 \$7,761	\$58,196	-	-		
Prescription		φ1,101	\$7,934	56 I . ac.			
Dental			# 004		-		
Vision		\$852	\$884	· · · · · · · · · · · · · · · · · · ·			
		-	-				
The undersigned certifies th	at the foregoing figur	es are true and is aware	e that if any of the	foregoing items are fals	e, s/he is subject to	punisment.	
Section VII							
Prepared by:	Deborah l	Muscara	******	Title:	School Busi	iness Administra	tor
	NO1	Print Name	11111	18	2 2		
	Juli	rianff	Mell	Date:	5/24/2013		
		Signature					