

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Atlantic County Special Services Board of Education County: Atlantic
 Employee Organization: Atlantic County Special Services Education Association Employees in Unit: 288
 Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term 7/1/2010 6/30/2013
 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>
Section II: Economic		
Item 1 <u>Salary</u>	\$12,993,815	\$12,993,815
Item 2 <u>Increment</u>		\$390,243
Item 3 <u>Longevity</u>		
Item 4		
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	\$12,993,815 (Total)	\$13,384,058 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$12,993,815		
<u>Effective Date (m/d/yyyy)</u>	<u>7/1/2010</u>	<u>7/1/2011</u>	<u>7/1/2012</u>
Percent Increase	3%	3%	3%
Total cost of increase ..	\$390,243	\$401,512	\$413,223
Total base salary (successor agreement)	\$13,384,058	\$13,785,570	\$14,198,793

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

Percentage Impact (average per year over term of agreement) 3.00
 Dollar Impact (average per year over term of agreement) \$1,204,978.00

Section VI

	Base Year	Year 1
Health Insurance (Indicate costs associated on each line)		
Cost of Health Plan	\$2,346,083	\$2,580,434
Employee Contributions	\$0	\$169,110
Prescription	\$690,498	\$704,708
Dental	\$163,995	\$170,283
Vision	\$0	\$0

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: Lisa Mooney Title: Business Administrator
 Date: 5/30/2012
 Signature

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2010 thru 6/30/2013.

Employer: Atlantic County Special Services

County: Atlantic

Date: 5/30/2012

Name: Lisa Mooney
Print Name

Title: Business Administrator


Signature