## **SUMMARY FORM**

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

Section I: Agreement Detail	ils Bergenfield Board	d of Education			County	, Bergen	
Public Employer:	Bergenfield Educa		County,				
Employee Organization	7/1/2009	6/30/2012	N 0- 1:	act Term 7/1/20		Employees in Unit: 465 6/30/2015	
Base Year Contract Term;							
Type of Settlement:	☐ Mediated Settle	ement L Fa	ct-Finder Recommen	idation 13	☑ Voluntary Settlement	Super Conciliation	
			Base Year -	emn A • <u>Total Costs</u> evious agreement)	Column New Base Year - 1 (First Year of Success)	Total Costs	
Section II: Economic		'					
Item 1 Sala	ary		\$26,101,124		\$27,412,201		
Item 2 incr	tem 2 Increment		\$624,935		\$655,538		
Item 3 Lon	gevity	<del></del>	\$98,100		\$98,100	<del></del>	
Item 4 Extra	Curricular		\$162,249		\$249,076	<del> </del>	
Item 5							
ltem 6							
Item 7							
tem 8							
Item 9							
Item 10		<del></del>					
Item 11							
Item 12							
Any additional items list on separate sh	199[	Additional Hems					
Section III: Totals - Sum of costs in each column			\$27,017,012		\$28,414,915		
			(Total)		(Total)		
			,	. • • • • • • • • • • • • • • • • • • •	(		
Continue Bloom			NEW ACDES	EMENT ANALYSIS	<u> </u>		
Section IV: Analysis of new succes Total Base Year(previous agreement)		10	WEST WORKER	THE IS A SHADE I SHE			
total page   carbineans agreement	\$27,017,01	12					
Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/0201			
Percent Increase		2.45%	2,45%	2.5%			
Total cost of increase		\$655,538	\$671,598	\$786,346			
Total base salary (successor agreemen	nt) . ,	\$28,414,915	\$28,430,976	\$29,217,322			
Section V: Impact of Settlen	nent - average annual	increase over term of agr	eement				
Percentage Impact (average per year o	over term of agreement)	2.57					
Dollar impact (average per year over te	em of agreement)	\$704,494.00					
Section VI							
Health Insurance (Indicate costs associ	clinted on each line)						
		Base Year	Year 1				
Cost of Health Plan		\$5,726,419	\$5,989,520				
Employee Contributions		\$0	\$364,873				
Prescription							
Dental		\$586,140	\$586,140				
Vision							
The undersigned certifies t	that the foregoing figu	ires are true and is awai	e that if any of the I	foregoing items are fa	alse, s/he is subject to punis	sment.	
Section VII							
Prepared by:	Christopl	her Tully		Tì	le: Assistant Super	intendent for Busine	
		Print Name					
				Da	te: 8/14/2015		
		Signature					