SUMMARY FORM

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

Section I: Agreement Deta							*
Public Employer:	Board of Education	n of the Town of Bo	the Town of Boonton			County: Morris	
Employee Organization	Boonton Administ	rators' Association			Employees in Unit: 9		
Base Year Contract Term:	7/1/2010 6/30/2013 ☐ Mediated Settlement ☐ F		New Contract Term 7/1/2013		6/30/2016 Voluntary Settlement Super Conciliation		_
Type of Settlement:							I
	·/····································		Col	lumn A	Column	R I	
			Base Year	- Total Costs revious agreement)	New Base Year - (First Year of Success	Fotal Costs	
Section II: Economic							
Item 1 Sa	lary		\$1,043,120)	\$1,075,202		
tem 2 Inc	rement						
Item 3 Lor	ngevity	_	\$110,000		\$110,000		
Item 4		_					
Item 5		_			· · · · · · · · · · · · · · · · · · ·		
Item 6		_					
Item 7							
Item 8		_					
Item 9		_			-		
Item 10							
Item 11		_					
Item 12							
Any additional items list on separate si	heet	Additional Items		····	· · · ·		
Section III: Totals - Sum of costs in each column			\$1,054,120		\$1,185,202		
			(Total)	(Total)		
Section IV: Analysis of new success	ssor agreement		NEW AGRE	EMENT ANALYSIS			
Total Base Year(previous agreement)	\$1,054,120						
Effective Date (m/d/yyyy)		=/4/0040	=/1/0014	7/1/2015			
Percent Increase		7/1/2013	7/1/2014	·			
Total cost of increase		2.0	2.0	2.0			
Total base salary (successor agreeme	nt)	\$20,862 \$1,063,982	\$21,280 \$1,085,262	\$21,705 \$1,106,967			
Section V: Impact of Settlen				Ψ1,100,007			
Percentage impact (average per year	_	_	reement				
Dollar Impact (average per year over to		2.00					
Dollar Impede (orango par your orang	or in or agreement)	\$21,282.00					
Section VI							
Health Insurance (Indicate costs associ	dated on each line)						
Cost of Health Plan		Base Year	Year 1 \$154,993				
Employee Confributions		\$149,608	\$12,216	· 			
Prescription		\$13,976	φ12,210				
Dental		\$8,820	\$8,996				
Vision	-11	φ0,020	φο,330				
The understand and it	hat the foreverse di	se are frue and in a	ra that If any of the	foregoing items are folia	s/ho is subject to number	mant	
The undersigned certifies to Section VII	nactne toregoing tigure	es are true and is awai	ie inal ii any of the f	oregoing nems are talse	, ame is subject to pullis.	11811 <u>.</u>	
Prepared by:				Title:			
repared by.		Print Name	0.1-11	- IIUC.			
				Date:			
	-	Signature	******	•			