

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Spring Lake Board of Education County: Monmouth  
 Employee Organization: Spring Lake Education Association Employees in Unit: 30  
 Base Year Contract Term: 7/1/2008 6/30/2009 New Contract Term 7/1/2009 6/30/2012  
 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>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$1,578,054</u>	<u>\$1,640,660</u>
Item 2 ..... <u>Increment</u>	<u>\$64,560</u>	<u>\$63,800</u>
Item 3 ..... <u>Longevity</u>	<u>\$0</u>	<u>\$0</u>
Item 4 ..... <u>Tuition Reimbursement</u>	<u>\$38,700</u>	<u>\$38,700</u>
Item 5 ..... <u>Extra Curricular</u>	<u>\$41,844</u>	<u>\$43,588</u>
Item 6 ..... _____		
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 - sum of costs in each column</b>	<u>\$1,721,148</u> (Total)	<u>\$1,786,748</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$1,721,148</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2009</u>	<u>7/1/2010</u>	<u>7/1/2011</u>	
Percent Increase .....	<u>4.1%</u>	<u>3.8</u>	<u>3.8</u>	
Total cost of increase ..	<u>\$64,606</u>	<u>\$62,345</u>	<u>\$64,760</u>	
Total base salary (successor agreement) .....	<u>\$1,840,660</u>	<u>\$1,703,005</u>	<u>\$1,767,765</u>	

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

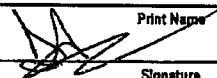
Percentage Impact (average per year over term of agreement) 3.80  
 Dollar Impact (average per year over term of agreement) \$63,904.00

**Section VI**

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1			
Cost of Health Plan .....	<u>\$380,139</u>	<u>\$380,139</u>			
Employee Contributions .....					
Prescription .....	<u>\$150,030</u>	<u>\$147,137</u>			
Dental .....	<u>\$25,948</u>	<u>\$23,463</u>			
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: Debra Allen Title: School Business Administrator  
 Signature  
 Date: 5/23/2012