

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Mount Olive Township Board of Education County: Morris  
 Employee Organization: Mount Olive Administrators & Supervisors Association Employees in Unit: 22  
 Base Year Contract Term: 7/1/2009 6/30/2012 New Contract Term 7/1/2012 6/30/2015  
 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 ..... Salary	\$2,740,320	\$2,795,126
Item 2 ..... Increment	\$0	\$0
Item 3 ..... Longevity	\$11,010	\$11,305
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		
<b>Section III: Totals</b> - Sum of costs in each column	\$2,751,330 (Total)	\$2,806,431 (Total)

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

Total Base Year (previous agreement) \$2,751,330

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**NEW AGREEMENT ANALYSIS**

Effective Date (m/d/yyyy)	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>
Percent Increase .....	<u>2.0%</u>	<u>2.0%</u>	<u>2.0%</u>
Total cost of increase .....	<u>\$54,806</u>	<u>\$56,129</u>	<u>\$57,251</u>
Total base salary (successor agreement) .....	<u>\$2,806,431</u>	<u>\$2,862,560</u>	<u>\$2,919,811</u>

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$56,062.00

**Section VI**

*Health Insurance (indicate costs associated on each line)*

	Base Year	Year 1
Cost of Health Plan .....	\$587,715	\$624,754
Employee Contributions .....	\$49,289	\$78,591
Prescription .....		
Dental .....		
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: Margaret Conroy, SFO Title: School Business Administrator  
 Print Name: \_\_\_\_\_  
 Signature: Margaret Conroy Date: 7/8/2013