

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union
 Employee Organization: New Providence Education Association- Teachers Employees in Unit: 209
 Base Year Contract Term: 7/1/2015 6/30/2018 New Contract Term 7/1/2018 6/30/2021
 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 Salary	\$15,940,889	\$16,443,048
Item 2 Increment		
Item 3 Longevity	\$84,800	\$84,800
Item 4 Stipends- Co Curri/Athletics	\$662,493	\$661,278
Item 5 *Stipends- Other		
Item 6 *Varies and paid per hour		
Item 7 based on use. 0% increase		
Item 8 for all three years		
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	\$16,688,182	\$17,189,126
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$16,688,182

Effective Date (m/d/yyyy)	7/1/2018	7/1/2019	7/1/2020
Percent Increase	3.15	3.0	2.9
Total cost of increase	\$502,158	\$493,279	\$491,190
Total base salary (successor agreement)	\$16,443,048	\$16,936,327	\$17,427,517

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

Percentage Impact (average per year over term of agreement) 3.02
 Dollar Impact (average per year over term of agreement) \$495,542.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	\$3,808,590	\$4,189,449
Employee Contributions	\$979,246	\$1,003,727
Prescription	\$0	\$0
Dental	\$170,116	\$206,691
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: James Testa Title: School Business Administrator/Brd Sec
 Signature:  Date: 5/13/2019

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: New Providence Board of Education County: Union
 Employee Organization: New Providence Education Association- Secretarial Unit Employees in Unit: 15
 Base Year Contract Term: 7/1/2015 6/30/2018 New Contract Term: 7/1/2018 6/30/2021
 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>	\$710,476	\$732,851
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$825	\$975
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	\$711,301	\$733,826
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$711,301

Effective Date (m/d/yyyy)	<u>7/1/2018</u>	<u>7/1/2019</u>	<u>7/1/2020</u>	_____	_____
Percent Increase	<u>3.15</u>	<u>3.0</u>	<u>2.9</u>		
Total cost of increase	<u>\$22,375</u>	<u>\$21,981</u>	<u>\$21,909</u>		
Total base salary (successor agreement)	<u>\$732,851</u>	<u>\$754,832</u>	<u>\$776,741</u>		

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

Percentage Impact (average per year over term of agreement) 3.02
 Dollar Impact (average per year over term of agreement) \$22,088.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	\$253,998	\$279,398			
Employee Contributions	\$30,396	\$31,156			
Prescription	\$0	\$0			
Dental	\$11,309	\$13,740			
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: James Testa Title: School Business Administrator/Brd Sec
 Signature
 Date: 5/13/2019

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 2018 thru 2021.

Employer: New Providence Board of Ed.
County: Union
Date: 5/13/19
Name: James Testa
Print Name
Title: School Bus Admin. / Bid Sec.
James Testa
Signature