SUMMARY FORM

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

Section I: Agreement Details	loomd of Wd			
Public Employer: Brick Township Edu Brick Township Edu			1036	
Employee Organization 07/01/09-06/30/12		Employees in Unit:		
Base Year Contract Term: 0// 01/ 09 00/ 30/ 12	New Contract Term	71/12-00/30/13		
Type of Settlement:	Fact-Finder Recommendation	Voluntary Settlement Su	per Conciliation	
	Column A	Column B	T	
	Base Year • Total Costs (Last Year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic	59,931,834	61 010 000	┪	
Item 1 Salary	0	61,219,233	_	
Item 2 Increment	14,750	- 14,750	-	
Rem 3 Longevity Rem 4 Dept Head	36,823	36,823	-	
Ntl Bd Cert	1,200	- 30,023	-	
ltem 6 CEU	49,916	50,702	-	
Item 7	1,200	-1,200		
Rem 9 Perfect Attendance Tuition Reimburs	322,500 56,400	161,250 56,400	-	
Nem 10 HRA	134,103	0		
New Emp Single Cov	167,448	- - ŏ	.	
Pres Co Pays	350,000	0	•	
Any additional items list on separate shee extra curride to an additional items list on separate shee extra	1,239,370	1,239,379		
Section III: Totals - Sum of costs in each column	62,305,553	62,779,737	4	
	(Total)	(Total)	1	
		(1544.)		
Section IV: Analysis of new successor agreement	NEW AGREEMENT ANALYSIS			
Total Base Year(previous agreement) 62,305,553				
Effective Date (m/d/yyyy) 7/1/12	7/1/13 7/1/14			
Percent Increase . / 6		-		
	550,849 674,21			
	63,330,586 64,0	04,802		
Section V: Impact of Settlement - average annual increase over term of agre Percentage Impact (average per year over term of someoners) • 89	ement			
Percentage Impact (average per year over term of agreement) Dollar Impact (average per year over term of porcement)				
Section VI				
Health Insurance (Indicate costs associated on each line)	Var. I	DD MDD		
Cost of Health Plan . 12,879,917	15,019,703 T 919,841 T	BD TBD		
Employee Contributions	919,841	BB TBB		
Prescription. 2,973,662 Dental 640,100	3,402,417	BD TBD		
Vision 040,100	0 0	0		
The condensational and the street of the str				
The undersigned certifies that the foregoing figures are true and is aware ection VII	that if any of the foregoing items are fa	lse, s/he is subject to punisment.		
Prepared by: James W. Edwards	, Jr., CPA TH	e Business Admini	strator/Board	Secretary
Print Name				
	Dat	e <u>1/11/13</u>	_	
Signature				