

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 7/1/2016 thru 6/30/2018.

Employer: Lacey Township Board of Education

County: Ocean

Date: 11/3/2017

Name: Patrick S. DeGeorge
Print Name

Title: Business Administrator/Board Secretary


Signature

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Lacey Township Board of Education County Ocean
 Employee Organization: Lacey Township Child Study Team Association Employees in Unit: 11
 Base Year Contract Term: 7/1/2015 6/30/2016 New Contract Term 7/1/2016 6/30/2018
 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 | \$757,330 | \$779,293 |
| Item 2 | Increment | \$0 | \$0 |
| Item 3 | Longevity | \$12,930 | \$12,930 |
| Item 4 | CEUs | \$1,750 | \$1,750 |
| 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 | | \$757,330 (Total) | \$793,973 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

| | | | |
|---|-----------------|-----------------|--|
| Total Base Year (previous agreement) | \$757,330 | | |
| Effective Date (m/d/yyyy) | <u>7/1/2016</u> | <u>7/1/2017</u> | |
| Percent Increase | 2.90% | 3.15% | |
| Total cost of increase | \$21,963 | \$24,548 | |
| Total base salary (successor agreement) | \$779,293 | \$803,841 | |

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

Percentage Impact (average per year over term of agreement) 3.03
 Dollar Impact (average per year over term of agreement) \$23,255.00

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | |
|------------------------|-----------|-----------|--|--|
| Cost of Health Plan | \$161,987 | \$184,856 | | |
| Employee Contributions | \$46,234 | \$54,105 | | |
| Prescription | \$59,639 | \$59,639 | | |
| Dental | \$9,437 | \$11,225 | | |
| 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: Patrick S. DeGeorge Title: Business Administrator/Board Secretary
 Signature
 Date: 11/3/2017

| Lacey Township School District Health Insurance Information for PERC | | | | | | |
|---|------------|------------|------------|--------|------------------|------------------|
| | FY16 | FY17 | Increase | | % of LTCSTA FY16 | % of LTCSTA FY17 |
| | | | \$ | % | | |
| Medical | 161,987.00 | 184,856.00 | 22,869.00 | 14.12% | 117,808.73 | 134,440.73 |
| EE Contributions | 46,234.00 | 54,105.00 | 7,871.00 | 17.02% | 33,624.73 | 39,349.09 |
| Prescription | 59,639.00 | 59,639.00 | - | 0.00% | 43,373.82 | 43,373.82 |
| Dental | 9,437.00 | 11,225.00 | 1,788.00 | 18.95% | 6,863.27 | 8,163.64 |
| Vision | - | - | - | - | - | - |
| Total # of LTCSTA members with benefit coverage | | | 8 | | | |
| Total # of LTCSTA members | | | 11 | | | |
| | | | 73% | | | |