SUMMARY FORM

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

Desproyee Ciption Comproyees in Unit T/1/2012 6/30/2015 New Contract Term T/1/2015 6/30/2018	Public Employer:	Passaic County M	Manchester Regional	Board of Educat	tion	County	County: Passaic	
Ease Year Centrat Term	Employee Organization	UAW LOCAL 2326 AFL-CIO						
Type of Settlement	Base Year Contract Term:	7/1/2012	6/30/2015	New Con	ntract Term 7/1/20			
Section Economic	Type of Settlement:	☐ Mediated Sett			***************************************	•		
Section Economic								
Salary Salary S269.595 S270,294 S5.597	Castian II. Farmani			(Last Year of F	Previous agreement)	(First Year of Successi	or agreement)	
		an.		\$200,555		0070.00		
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Norm 17 Norm 12 Norm	***************************************							
Additional literal constants as each column S274,946	***************************************							
Additional literal constants as each column S274,946								
Total Total Total Total	Any additional items list on separate she	eet	Additional Items			-		
Total Total Total Total								
NEW AGREEMENT ANALYSIS	ction III: Totals - Sum of costs in each column		\$274,946		\$283,201			
Effective Date (m/d/yyyy)				(*	Total)	(Total)		
Effective Date (mid/yyyy)								
Effective Date (m/d/yyyy)	ection IV: Analysis of new successor agreement			NEW AGREEMENT ANALYSIS				
Percent Increase	Total Base Year(previous agreement)	\$274,946						
Percent Increase	Effective Data (m/d/man)							
Total cost of increase S6,739 S6,907 S7,080			7/1/2015	7/1/2016	7/1/2017			
Total base salary (successor agreement) \$276,294 \$283,201 \$290,281			***************************************	2.50%	2.50%			
section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) 2.50 Dollar Impact (average per year over term of agreement) S6,908.00 ection VI Health Insurance (indicate costs associated on each line) Blass Year Vear 1 S92,343 \$101,145 Employee Contributions \$5,931 \$9,125 Perscription \$26,663 \$27,270 Dental \$7,095 \$7,095 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 punisment. Print Name Date: 8 - 24 - 15		1			* **			
Percentage Impact (average per year over term of agreement) 2.50					\$290,281			
Dollar Impact (average per year over term of agreement) Section VI Health Insurance (Indicate costs associated on each tine) Cost of Health Plan S92,343 \$101,145 Employee Contributions \$5,931 \$9,125 Prescription \$26,663 \$27,270 Dental \$7,095 \$7,095 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 punisment. Perpared by: Print Name Date: \$ 24 - 1.5			ocrease over term of agre	ement				
ection VI Health Insurance (Indicate costs associated on each line) Cost of Health Plan \$92,343 \$101,145 Employee Contributions \$5,931 \$9,125 Prescription \$26,663 \$27,270 Dental \$7,095 \$7,095 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 punisment. ection VII Prepared by: Print Name Date: \$24-15		,	*****					
Health Insurance (Indicate costs associated on each line) Base Year Year 1	bollar impact (average per year over tern	n or agreement)	\$6,908.00					
Cost of Health Plan \$92,343 \$101,145 Employee Contributions \$5,931 \$9,125 Prescription \$26,663 \$27,270 Dental \$7,095 \$7,095 Vision	ection VI							
Section VII Section VII Section VII Print Name Date: Section VII Section VII Print Name Date: Section VII Section VII Section VII Section VII Print Name Date: Section VII Section	Health Insurance (Indicate costs associat	ted on each line)						
Employee Contributions \$5,931 \$9,125 Prescription \$26,663 \$27,270 Dental \$7,095 \$7,095 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 punisment. Section VII Prepared by: Date: Busness Adminimizer Busness Adminimizer	Cast of Haalth Plan			Year 1				
Prescription \$26,663 \$27,270 Dental \$7,095 \$7,095 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 punisment. Dection VII Prepared by: Date: 8-24-15			***************************************	\$101,145	**************************************			
Dental \$7,095 \$7,095 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 punisment. Prepared by: Dental				\$9,125				
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 punisment. Prepared by: Title: Busness Adminimized Print Name Date: 8 - 24 - 15				***************************************				
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 punisment. Prepared by: Title: Busness Adminim			\$7,095	\$7,095	MANAGEMENT STATE OF THE STATE O	***************************************		
Prepared by: Serve Serve Title: Busness Admin No.	riodii	***************************************	***************************************		-	***************************************		
Print Name Date: 8-24-15	The undersigned certifies tha	nt the foregoing figure	s are true and is aware	that if any of the fo	oregoing items are false	e, s/he is subject to punisme	ent.	
Date: 8-24-15	ection VII	~ i	c ./			7		
Print Name Date: 8-24-15	Prepared by:				Title:	Gusness	Busness Admirkh	
			Print Name			0 011		
					Date:	8-27-	15	