SUMMARY FORM

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

	Section I: Agreement Details Public Employer: Monmouth Regional High School			County: Monmouth				
		MOPS			Employees in Unit: 14			
	Employee Organization	7/1/2008 6/30/2011		New Contract Term				
	Base Year Contract Term:	7/1/2008					17 - 19 - 1917 - 1919 - NOSE - NO	
	Type of Settlement:	☐ Mediated Settlen	nent 🔲 Fa	act-Finder Recomme	endation 🔽	Voluntary Settlement	Super Conciliation	
	_ Column A						Column B	
				Base Year - Total Costs (Last Year of Previous agreement)		New Base Year - (First Year of Success		
	Section II: Economic				1000			
	Item 1 Salary			\$631,125		\$631,125		
	Item 2 Increment		_					
	Item 3 Lou	ngevity	_					
	Item 4		_	_		59		
	Item 5					n		
	Item 6		_			·		
	Item 7	<u></u>	_					
	Item 8		_		 //			
	Item 9		_			2		
	Item 10	÷	_			» <u> </u>		
	Item 11	. 110	_	***		-		
	Item 12		_					
	Any additional items list on separate st	heet	Additional items					
	Section III: Totals - Sum of costs in each column			\$631,125		\$631,125		
				(Total)		(Total)		
				*	,			
	Section IV; Analysis of new successor agreement			NEW AGREEMENT ANALYSIS				
	Total Base Year(previous agreement)	\$631,125		MENTAGRE	EMENT ANALTSIS			
		φ031,123	-					
	Effective Date (m/d/yyyy)		7/1/2011	7/1/2012	7/1/2013	·		
	Percent Increase		0%	2.85	2.75	N		
	Total cost of increase			\$17,988	\$17,850	_		
	Total base salary (successor agreeme	nt)	\$631,125	\$649,113	\$666,963			
	Section V: Impact of Settlen	Section V: Impact of Settlement - average annual increase over term of agreement						
	Percentage Impaci (average per year	over term of agreement)	1.87					
	Dollar Impact (average per year over to	erm of agreement)	\$11,946.00					
	Section VI							
	Health Insurance (Indicate costs assoc	(Mad an Arch Eas)					· · · · · · · · · · · · · · · · · · ·	
8.	The day miss and a find state costs asset	acco on cash into	Base Year	Year 1				
	Cost of Health Plan		\$214,521	\$248,113				
. /	Employee Contributions ,		\$0	\$8,826				
1/	Prescription				. .			
	Dental							
, , , lada	Vision	.,						
Minno	The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, sihe is subject to punisment.							
19	Section VII \\ \lambda \lambda \alpha							
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V					Date:	-5	14/1)	
		MIN	Signature/	\mathcal{T}		•	· •	