## **SUMMARY FORM**

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

Section I: Agreement Deta		County Regional Sch	ool District			Camdon		
Public Employer: Eastern Camden County Regional School District County: Camden								
Employee Organization	Employee Organization Eastern Education Association					Employees in Unit: 213		
Base Year Contract Term:	6/30/2014	6/30/2014 New Contract Term 7/1/2014		6/30/2017				
Type of Settlement:	✓ Mediated Settle	ement 🔲 Fa	ct-Finder Recomme	ndation $\square$	Voluntary Settlement	Super Cor	nciliation	
			Base Year	umn A  - Total Costs revious agreement)	Colum <u>New Base Year</u> (First Year of Succe	- Total Costs		
Section II: Economic		ı						
Item 1 Sal	ary		\$13,524,967	7	\$13,608,646			
Item 2 Incr	rement	_			\$318,893			
Item 3 Lon	gevity	_		74				
Item 4 Activ	ity stipends		\$230,703		\$235,317			
Item 5 Coad	ching stipends	_	\$366,976		\$383,272			
ltem 6		<del></del>						
Item 7								
Item 8								
Item 9								
Item 10								
Item 11		<u> </u>						
Item 12								
Any additional items list on separate st	neet	Additional Items						
Casting III. Tatala			244 400 046					
Section III: Totals - Sum of costs in each column			\$14,122,646		\$14,546,128			
			(	Total)	(Tota	il)		
Section IV: Analysis of new success	sor agreement		<u>NEW AGRE</u>	EMENT ANALYSIS				
Total Base Year(previous agreement)	\$14,122,64	16						
Effective Date (m/d/yyyy)		<b>-</b> /- /	- la la - : -	-1-1				
		7/1/2014	7/1/2015	7/1/2016		<del></del>		
Total cost of increase		2.99%	2.87%	2.72%		<del></del>		
Total base salary (successor agreemer	nt)	\$423,482	\$417,442	\$407,021				
		\$14,546,128	\$14,963,570	\$15,370,591				
Section V: Impact of Settler		-	ement					
Percentage Impact (average per year o	• ,	2.86						
Dollar Impact (average per year over te	mili of agreement)	\$415,982.00						
Section VI								
Health Insurance (Indicate costs assoc	iated on each line)		<u> </u>					
Cost of Health Plan		Base Year	Year 1	••• <del>-</del>	-0-1			
Employee Contributions		\$3,017,567	\$3,017,567	(increase				
Prescription		\$585,709	\$780,945	(100% level		year 1)		
Dental		\$834,277	\$834,277	(increase T				
		\$219,689	\$219,689		<u>"                                    </u>			
		\$37,370	\$37,370	<u> </u>	<u>)</u>			
The undersigned certifies to	hat the foregoing figur	res are true and is awar	that if any of the	foregoing items are false,	s/he is subject to pur	isment Nate	The	
Section VII	COVER	letter is an	mtegral	part of this	form.			
Prepared by:	Fred D. W	Vright ,		Title:	Business Admi	inistrator/Board	i Sec'y	
	20	Print Name	<i>A.</i>					
	Fud.	Might		Date:	8/27/2014			
		<b>#</b> gnature						