

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Lavallette Board of Education County: Ocean  
 Employee Organization: Lavallette Education Association Employees in Unit: 21  
 Base Year Contract Term: 9/1/2008 6/30/2011 New Contract Term 9/1/2011 6/30/2014  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Item 1 ..... <u>Salary</u>	\$1,212,334	\$1,205,960
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$15,650	\$14,500
Item 4 ..... _____		
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		
<b>Section III: Totals</b> - Sum of costs in each column	\$1,227,984 (Total)	\$1,220,460 (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,227,984		
<b>Effective Date (m/d/yyyy)</b>	<u>9/1/2011</u>	<u>9/1/2012</u>	<u>9/1/2013</u>
Percent Increase .....	-0.61	2.02	1.98
Total cost of increase ..	-\$7,524	\$24,627	\$24,732
Total base salary (successor agreement) .....	\$1,220,460	\$1,245,087	\$1,269,819

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

Percentage Impact (average per year over term of agreement) 1.31  
 Dollar Impact (average per year over term of agreement) \$13,945.00

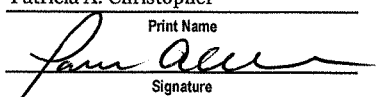
**Section VI**

**Health Insurance** (Indicate costs associated on each line)

	Recent Year	Year 1			
Cost of Health Plan .....	<u>321406</u>	<u>353546</u>			
Employee Contributions .....	<u>0</u>	<u>16140</u>			
Prescription .....	<u>inc</u>	<u>inc</u>			
Dental .....	<u>20255</u>	<u>20660</u>			
Vision .....	<u>3545</u>	<u>3616</u>			

*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: Patricia A. Christopher Title: School Business Administrator  
 Signature:  Date: 5/29/12

## 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 9/1/2011 thru 6/30/2014.

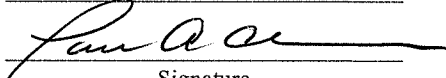
Employer: Lavallette Board of Education

County: Ocean

Date: 5/30/14

Name: Patricia A. Christopher  
Print Name

Title: School Business Administrator

  
Signature