## **SUMMARY FORM**

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

Section I: Agreement Detail Public Employer:	ails  Lower Alloways Creek Board of Education  Lower Alloways Creek EA				County: Salem  Employees in Unit: 23		
Employee Organization							
Base Year Contract Term:	7/1/2011 6/30/2014		New Contract Term 7/1/2014 6/30/2017				
Type of Settlement:	Mediated Settler	ment	act-Finder Recommendation				
				umn A  - Total Costs evious agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Hem 1 Sal	lary		\$1,379,039		\$1,413,528		
Item 2 Inc	rement	·····	\$22,633		\$23,248		
Item 3 Lor	ngevity ·		\$8,800		\$10,400		
flem 4 Tuiti	ion Reimbursement	-	\$10,000		\$10,000		
llem 5							
llem 6		<del></del>					
Item 7		<del></del>		· · · · · · · · · · · · · · · · · · ·	•		
Item 8							
Item 9							
llem 10							
Item 11							
ltem 12							
Any additional items list on separate st	Jeel	Additional items					
Section III: Totals - Sum of costs in each column			<del> </del>				
			\$1,420,472		\$1,457,176		
			(Total)		(Total)		
ection IV: Analysis of new succes	ssor agreement		NEW AGRE	EMENT ANALYSIS			<del>44</del>
Total Base Year(previous agreement)	\$1,420,472						
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016			
Percent Increase		2.5	2.45	2.45			
Total cost of increase .		\$34,476	\$34,631	\$35,480			
Total base salary (successor agreemen	st)	\$1,413,514	\$1,448,159	\$1,483,643			····
ection V: Impact of Settler	nent - average annual in-		reement				
Percentage impact (average per year o		2.47			•		
Dollar Impact (average per year over to	ons of agreement)	\$34,862.00					
		<del>\$04,002.00</del>					
ection VI							
Health Insurance (Indicate costs assoc	ialed on each line)						
Cost of Health Plan .		Base Year \$346,236	\$364,392				
Emplayee Contibutors							
Prescription		\$57,331	\$60,228				
Dental		\$24.040	£31.042				
Vision		\$21,012	\$21,012				
		\$5,750	\$5,750	***************************************		<del></del>	
The undersigned certifies th	nat the foregoing figure	s are true and is awar	e that if any of the f	oregoing items are fals	ie, s/he is subject to punism	<u>rent.</u>	
ection VII							
Prepared by: Shannon N.		DuBois-Brody		Title	Business Administrator		
	-(7/2)	Print Name					
		2		Date	1/23/2015		
	AUX	Signature	$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}$	1			
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