

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: New Milford Board of Education County: Bergen  
 Employee Organization: New Milford Custodial Association Employees in Unit: 28  
 Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... Salary	\$1,248,630	\$1,313,543
Item 2 ..... Increment		
Item 3 ..... Longevity		
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 - Sum of costs in each column</b>	<b>\$1,246,630</b>	<b>\$1,313,543</b>
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,246,630			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	
Percent Increase .....	<u>2.7</u>	<u>2.6</u>	<u>2.5</u>	
Total cost of increase ..	<u>\$33,659</u>	<u>\$33,288</u>	<u>\$32,839</u>	
Total base salary (successor agreement) .....	<u>\$1,280,289</u>	<u>\$1,313,577</u>	<u>\$1,346,416</u>	

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

Percentage Impact (average per year over term of agreement) 2.60  
 Dollar Impact (average per year over term of agreement) \$33,281.00

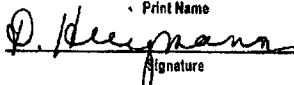
**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$464,195	\$487,811			
Employee Contributions .....	\$34,962	\$53,532			
Prescription .....					
Dental .....	\$32,157	\$32,157			
Vision .....	\$7,578	\$7,578			

*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: Donna Heinzmann Title: Assistant Business Administrator  
 Print Name  
  
 Signature  
 Date: 11/20/2014