

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: UPPER DEERFIELD TOWNSHIP BOARD OF EDUCATION County: Cumberland  
 Employee Organization: UDEA Employees in Unit: 109  
 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	\$6,115,764	\$6,250,133
Item 2 ..... Increment		
Item 3 ..... Longevity	\$0	\$0
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>	\$6,115,764 (Total)	\$6,250,133 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$6,115,764

Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>			
Percent Increase .....	<u>2.0</u>	<u>2.5</u>	<u>2.5</u>			
Total cost of increase ..	<u>\$122,462</u>	<u>\$156,149</u>	<u>\$160,059</u>			
Total base salary (successor agreement) .....						

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

Percentage Impact (average per year over term of agreement) 2.33  
 Dollar Impact (average per year over term of agreement) \$146,223.00

**Section VI**

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

	Base Year	Year 1				
Cost of Health Plan .....	\$26,808	\$28,332				
Employee Contributions .....	\$7,238	\$7,649				
Prescription .....	\$0	\$0				
Dental .....	\$1,363	\$1,363				
Vision .....	\$0	\$0				

*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:

CHERIE LUDY

Print Name

Title: ASSISTANT SUPERINTENDENT

Date: 5/30/2015

Signature