

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Passaic County Manchester Regional High School County: Passaic  
 Employee Organization: Manchester Education Association Employees in Unit: 72  
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2016  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <b>Base Year - Total Costs</b> <i>(Last Year of Previous agreement)</i>	Column B <b>New Base Year - Total Costs</b> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... Salary	\$5,240,216	\$5,371,407
Item 2 ..... Increment	\$99,918	\$123,542
Item 3 ..... Longevity	\$46,600	\$43,600
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	<u>\$5,386,734</u>	<u>\$5,538,546</u>
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$5,386,734

Effective Date (m/d/yyyy) 7/1/2015

Percent Increase ..... 2.5%

Total cost of increase ... \$131,191

Total base salary (successor agreement) ..... \$5,371,407

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

Percentage Impact (average per year over term of agreement) 2.50

Dollar Impact (average per year over term of agreement) \$131,191.00

**Section VI**


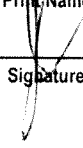
Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan .....	\$1,160,323	\$1,220,080			
Employee Contributions .....	\$319,920	\$352,872			
Prescription .....	\$305,438	\$321,168			
Dental .....	\$79,226	\$79,226			
Vision .....					

*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:

 _____ Print Name	Title: <u>Board Member</u>
 _____ Signature	Date: <u>8-25-15</u>