

## 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 7/1/2011 thru 6/30/2013.


Employer: Springfield

County: Union

Date: 6/21/2012

Name: Matthew A. Clarke  
Print Name

Title: SBA/BS

  
Signature

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Springfield County: Union  
 Employee Organization: Springfield Principals Association Employees in Unit: 311  
 Base Year Contract Term: 5/17/2010 6/30/2011 New Contract Term 7/1/2011 6/30/2012  
 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	\$492,238	\$501,455
Item 2 ..... Increment		
Item 3 ..... Longevity	\$4,600	\$4,600
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	\$496,838  (Total)	\$506,055  (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$496,838

Effective Date (m/d/yyyy)	7/1/2011	7/1/2012
Percent Increase .....	1.86	1.86
Total cost of increase ..	\$9,217	\$9,400
Total base salary (successor agreement) .....	\$506,055	\$515,455

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

Percentage Impact (average per year over term of agreement) 1.86  
 Dollar Impact (average per year over term of agreement) \$9,308.00

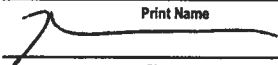
**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan .....	\$4,072,156	\$4,390,400
Employee Contributions .....	\$4,000	\$7,522
Prescription .....		
Dental .....		
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: Matthew A. Clarke Title: SBA/BS  
  
 Signature Date: 6/21/2012