SUMMARY FORM

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

| Section I: Agreement Deta | | C 71 | | | | | |
|---|--|------------------------|--|---------------------------|--|-----------------------|---|
| Public Employer: | Dumont Board of Education County: Bergen | | | | | | |
| Employee Organization | Dumont Secretar | ial Association | | Employees in Unit: 20 | | | |
| Base Year Contract Term: | 7/1/2009 | 6/30/2012 | New Con | New Contract Term | | | |
| Type of Settlement: | ☐ Mediated Settlement ☐ Fact-Finder Recomm | | | nendation | | | |
| | | | | lumn A | Colur | | |
| | | | Base Year - Total Costs (Last Year of Previous agreement) | | New Base Year - Total Costs (First Year of Successor agreement) | | |
| Section II: Economic | | | | | | | |
| Item 1 Salary | | | \$864,272 | | \$880,019 | | |
| | rement | | | | | | |
| | gevity | _ | \$5,183 | | \$5,550 | | |
| Item 4 | | | | | | | |
| Item 5 | | | | | | | |
| Item 7 | | 7 | | | - | | |
| Item 8 | | _ | | | | | |
| Item 9 | | _ | | | | | |
| Item 10 | | | | | | | |
| Item 11 | | _ | | | | | |
| Item 12 | | | | | | | , |
| Any additional items list on separate sh | eet | Additional Items | | | | | |
| | | | | | | | |
| Section III: Totals - Sum of costs in each column | | \$869,455 | | \$885,569 | | | |
| | | | (| Total) | (Tota | 1) | |
| | | | | | | | |
| Section IV: Analysis of new success | or agreement | | NEW AGRE | EMENT ANALYSIS | | | |
| Total Base Year(previous agreement) | \$869,455 | | | | | | |
| Effective Date (m/d/yyyy) | | =/1/0010 | -1.1 | -1-1 | | | |
| Percent Increase | | 7/1/2012 | 7/1/2013 | 7/1/2014 | | | |
| Total cost of increase | | 1.85 | 1.80 | 1.80 | | | |
| Total base salary (successor agreement |) | \$16,114 \$885,569 | \$15,941 \$901,510 | \$16,185 \$917,695 | | | |
| Section V: Impact of Settleme | ent - average annual in | | | Ψοτι,σου | | | |
| Percentage Impact (average per year ov | | 1.82 | iodinone | | | | |
| Dollar Impact (average per year over ten | m of agreement) | \$48,240.00 | | | | | |
| | | | | | | | |
| Section VI | | | | | | | |
| Health Insurance (Indicate costs associa | ted on each line) | | | | | | |
| Cost of Health Plan | | Base Year \$251,142 | Year 1 \$281,360 | | | | |
| Employee Contributions | • | \$11,157 | \$11,398 | | | | |
| Prescription | | | | | | | |
| Dental | | \$22,440 | \$20,759 | | | | |
| Vision | | | | | | | |
| The undersigned certifies that | at the foregoing figure | s are true and is awa | re that if any of the f | organing itoms are fal- | s/ha is subject to a | emont | |
| Section VII | <u>к иге тогедонну нушге</u> | s are uue diiu is dWai | e ulat II ariy DI thê ft | oregoing items are talse, | , sine is subject to puni | sment. | |
| Prepared by: | Kevin Cart | otto | | Title: | Business Admir | ısiness Administrator | |
| , | 107111 Cdirt | Print Name | | riue. | | | |
| | 40 | Com | | Date: | 11/20/2012 | | |
| | | Signature | | | | | |