

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Mount Olive Township Board of Education County: Morris

Employee Organization: Education Association of Mount Olive Employees in Unit: 750

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 <small>(Last Year of Previous agreement)</small>	Column B New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$35,826,106</u>	<u>\$36,730,719</u>
Item 2 <u>Increment</u>	<u>\$534,888</u>	<u>\$558,040</u>
Item 3 <u>Longevity</u>	<u>\$206,450</u>	<u>\$206,450</u>
Item 4 <u>Stipends</u>	<u>\$229,404</u>	<u>\$233,992</u>
Item 5 <u>Tuition Reimbursement</u>	<u>\$275,000</u>	<u>\$275,000</u>
Item 6 _____		
Item 7 _____		
Item 8 _____		
Item 9 _____		
Item 10 _____		
Item 11 _____		
Item 12 _____		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	<u>\$37,071,848</u>	<u>\$38,004,201</u>
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$37,071,848

Effective Date (m/d/yyyy)	<u>7/1/2013</u>	<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>	<u>2.0</u>
Total cost of increase ..	<u>\$0</u>	<u>\$932,353</u>	<u>\$950,105</u>	<u>\$779,086</u>
Total base salary (successor agreement)	<u>\$37,071,848</u>	<u>\$38,004,201</u>	<u>\$38,954,306</u>	<u>\$39,733,392</u>

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) \$887,181.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan	<u>\$9,895,781</u>	<u>\$11,713,173</u>		
Employee Contributions	<u>\$1,750,000</u>	<u>\$1,900,000</u>		
Prescription				
Dental	<u>\$800,951</u>	<u>\$930,253</u>		
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: Margaret Conroy Title: Business Administrator

Print Name

Margaret Conroy

Signature

Date: 2/24/2015