

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

Public Employer: Berkeley Heights Board of Education Employee Organization BHEA Custodial, Maintenance Unit & Transportation Person

Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term 7/1/2010 6/30/2013

Synopsis of Settlement/
Award/Recommendation: The contract made changes to the overtime calculation, medical plan offered and uniform allowance. The salary increases were 2.2%, 1.8% and 1.8%. Transportation personnel are paid based on an hourly rate and their hourly rate was increased by these percentages.

	<u>BASE YEAR</u> <i>(previous agreement)</i>	<u>NEW BASE YEAR</u> <i>(successor agreement)</i>
Salary:	<u>\$1,155,220.00</u>	<u>\$1,180,635.00</u>
Increment:	<u></u>	<u>\$0.00</u>
% Increase:	<u>0.00%</u>	<u>2.20%</u>
Avg. Yield	<u></u>	<u></u>
per person in dollars:	<u></u>	<u>1059</u>
Uniforms:	<u>\$15,840.00</u>	<u>\$7,680.00</u>
Boot/Shoe:	<u>\$6,000.00</u>	<u>\$3,000.00</u>
Longevity:	<u>19852</u>	<u>\$21,552.00</u>
Holiday Pay:	<u></u>	<u></u>
Shift Differential	<u></u>	<u></u>
Overtime:	<u></u>	<u></u>
Stipends:	<u></u>	<u></u>
Bonuses:	<u></u>	<u></u>
Education:	<u></u>	<u></u>
EMT:	<u></u>	<u></u>
Other*:	<u></u>	<u></u>

* Additional Costs: (please list on separate sheet & include in total)

Medical:

Contributions:	<u>0</u>	<u>17710</u>
Cost of Health	<u>346348</u>	<u>383273</u>
Prescription	<u></u>	<u></u>
Dental:	<u>21928</u>	<u>22586</u>
Vision:	<u></u>	<u></u>

NEW AGREEMENT ANALYSIS

Effective Date	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	<u>2.20%</u>	<u>1.80%</u>	<u>1.80%</u>	<u>0.00%</u>
Avg. Yield (p/p*)	<u>1059</u>	<u>885</u>	<u>901</u>	<u></u>
Cost of Increase/:	<u>25415</u>	<u>21251</u>	<u>21634</u>	<u></u>
Impact of Settlement:				
Percentage Impact:	<u>2.20%</u>	<u>1.80%</u>	<u>1.80%</u>	<u>0.00%</u>
Actual dollar Impact:	<u>\$25,415.00</u>	<u>\$21,251.00</u>	<u>\$21,634.00</u>	<u></u>
TOTAL BASE SALARY AT END OF EACH YEAR	<u>\$1,180,635.00</u>	<u>\$1,201,889.00</u>	<u>\$1,223,523.00</u>	<u></u>

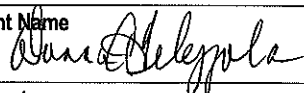
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment

Prepared by:

Donna Felezzola

Print Name

Signature



Title: School Business Administrator

Date: 1/30/2012