

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: River Dell Regional Board of Education County: Bergen
 Employee Organization: River Dell Administrator's Association Employees in Unit: 9
 Base Year Contract Term: 7/1/2010 6/30/2013 New Contract Term: 7/1/2013 6/30/2016
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Item 1 <u>Salary</u>	\$1,324,023	\$1,350,503
Item 2 <u>Increment</u>	\$4,053	\$2,942
Item 3 <u>Longevity</u>	\$0	\$0
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		
Section III: Totals - Sum of costs in each column	\$1,324,023	\$1,350,503
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$1,324,023

Effective Date (m/d/yyyy)	7/1/2013	7/1/2014	7/1/2015
Percent Increase	2%	2%	1.55%
Total cost of increase ..	\$26,480	\$27,010	\$21,351
Total base salary (successor agreement)	\$1,350,503	\$1,377,514	\$2,372

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

Percentage Impact (average per year over term of agreement) 1.85
 Dollar Impact (average per year over term of agreement) \$24,947.00

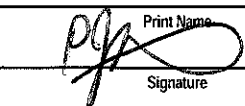
Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	\$182,151	\$194,901
Employee Contributions	\$47,816	\$68,215
Prescription	\$0	\$0
Dental	\$3,264	\$3,394
Vision		

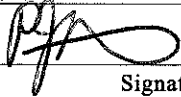
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Patrick Fletcher Title: Superintendent
 Signature
 Date: 2/27/2014

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 7/1/2013 thru 6/30/2016.

Employer: River Dell Board of Education
County: Bergen
Date: 2/27/2014
Name: Patrick Fletcher
Print Name
Title: Superintendent of Schools

Signature