

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Riverton Board of Education County: Burlington  
 Employee Organization: Riverton Education Association Employees in Unit: 30  
 Base Year Contract Term: 7/1/2013 6/30/2016 New Contract Term 7/1/2016 6/30/2019  
 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 ..... <u>Salary</u>	<u>\$1,902,982</u>	<u>\$1,964,976</u>
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	<u>\$20,498</u>	<u>\$23,926</u>
Item 4 ..... <u>Tuition Reimbursement</u>	<u>\$6,000</u>	<u>\$6,000</u>
Item 5 ..... <u>Extra Curricular</u>	<u>\$58,600</u>	<u>\$59,186</u>
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 - Sum of costs in each column</b>	<u>\$1,988,080</u>	<u>\$2,054,088</u>
	<u>(Total)</u>	<u>(Total)</u>

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,988,080

Effective Date (m/d/yyyy)	<u>7/1/2016</u>	<u>7/1/2017</u>	<u>7/1/2018</u>
Percent Increase .....	<u>3.3</u>	<u>2.8</u>	<u>2.9</u>
Total cost of increase ..	<u>\$66,008</u>	<u>\$56,129</u>	<u>\$61,790</u>
Total base salary (successor agreement) .....	<u>\$2,054,088</u>	<u>\$2,110,217</u>	<u>\$2,172,007</u>

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

Percentage Impact (average per year over term of agreement) 3.00  
 Dollar Impact (average per year over term of agreement) \$61,309.00

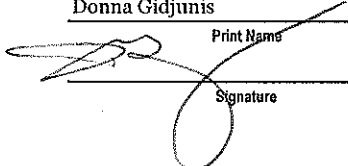
**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1
Cost of Health Plan .....	<u>\$496,705</u>	<u>\$608,501</u>
Employee Contributions .....	<u>\$110,822</u>	<u>\$127,290</u>
Prescription .....		
Dental .....	<u>\$29,112</u>	<u>\$31,893</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: Donna Gidjunis Title: Business Administrator  
 Signature  
 Date: 11/21/2016