SUMMARY FORM

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

Section I: Agreement Deta) (E) (Automato
Public Employer: Egg Harbor City Board of Education					County: Atlantic	
Employee Organization	Egg Harbor City I	Education Associatio	n		Employees in Unit: 79	
Base Year Contract Term: <u>7/1/2007</u> 6/30/20			New Contract Term		6/30/2013	
Type of Settlement:	☐ Mediated Settle	ement 🔲 Fa	act-Finder Recomme	ndation	Voluntary Settlement	Super Conciliation
				umn A - Total Costs	Column E New Base Year - T	
				revious agreement)	(First Year of Successo	r agreement)
Section II: Economic						
liem 1 Sal	ary		\$4,079,017		\$4,221,896	
Item 2 Inc	rement				***************************************	
	ngevity		\$9,400		\$9,400	
Item 4 Stipe			\$21,689		\$21,689	
Item 5 Tuiti	on		\$27,000		\$27,000	
Item 6			-			***************************************
Item 7						
Item 8			***************************************			
Item 9						
Item 10						***************************************
Item 11						
Item 12		- .				
Any additional items list on separate sh	neet	Additional Items				
Section III: Totals - Sum of costs in each column			\$4,137,106		\$4,279,985	
				Total)	(Total)	
			,		, ,	
Continuity			MEMACRE	EMENT ANALYSIS		
Section IV: Analysis of new succes Total Base Year(previous agreement)			NEW AGKE	EMENT ANALYSIS		
Total Base Teal provide agreementy	\$4,137,106	<u> </u>				
Effective Date (m/d/yyyy)		7/1/2010	7/1/2011	7/1/2012		
Percent Increase		3.5%	2.0%	3.0%		
Total cost of increase .		\$142,879	\$84,567	\$131,771		
Total base salary (successor agreeine	ni)	\$4,279,985	\$4,364,552	\$4,496,323		
Section V: Impact of Settlen	nent - average annual i	increase over term of agr	eement			
Percentage Impact (average per year	over term of agreement)	2.83				
Dollar Impact (average per year over to	erm of agreement)	\$359,217.00				
Section VI						
Henlih Insurance (Indicate costs associ	ciated on each line)					
Cont of Health Plan		Base Year	Year 1			
Cost of Health Plan		\$846,695	\$932,884		**************************************	
Prescription		\$61,185	\$63,328	-		
Dental		\$238,836	\$264,693			**************************************
Vision		\$71,666	\$71,666	 		
Algori		\$9,100	\$9,100			
The undersigned certifies t Section VII	hat the foregoing figu	res are true and is awa	re that if any of the	foregoing items are false,	s/he is subject to punism	nent.
Prepared by:	Joseph F.	Smurlo ;		Title:	Business Admini	strator
o repeicu by.	oosepii r	Print Name A		- Title:	2 admedd Humilii	
	VAMA	Y A/	مسسر	Date:	5/23/2012	
	1 1"	Signature		-		