

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Englewood Cliffs Board of Ed County: Bergen
 Employee Organization: Englewood Cliffs Education Assoc. Employees in Unit: 56-Teachers
4-Secretaries
10-ESP's
4-Custodians
 Base Year Contract Term: 7/1/12-6/30/13 New Contract Term: 7/1/13-6/30/16
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| Section II: Economic | Column A | Column B | 73 Total |
|---|--|--|----------|
| | Base Year - Total Costs (Last Year of Previous agreement) | New Base Year - Total Costs (First Year of Successor agreement) | |
| Item 1 Salary <u>Teachers</u> | <u>3,601,304</u> | <u>3,709,343</u> | |
| Item 2 Increment | | | |
| Item 3 Longevity | | | |
| Item 4 | | | |
| Item 5 | | | |
| Item 6 | | | |
| Item 7 | | | |
| Item 8 | | | |
| Item 9 | | | |
| Item 10 | | | |
| Item 11 | | | |
| Item 12 | | | |
| Section III: Totals - Sum of costs in each column | <u>3,601,304</u> (Total) | <u>3,709,343</u> (Total) | |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) _____

| Effective Date (m/d/yyyy) | 7/1/13 | 7/1/14 | 7/1/15 |
|---|------------------|------------------|------------------|
| Percent Increase | <u>3%</u> | <u>3%</u> | <u>3%</u> |
| Total cost of increase | <u>108,039</u> | <u>111,280</u> | <u>114,618</u> |
| Total base salary (successor agreement) | <u>3,709,343</u> | <u>3,920,623</u> | <u>3,935,241</u> |

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

Percentage Impact (average per year over term of agreement) 3%
 Dollar Impact (average per year over term of agreement) 111,312

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 |
|------------------------|----------------|----------------|
| Cost of Health Plan | <u>1121266</u> | <u>1388039</u> |
| Employee Contributions | <u>98,962</u> | <u>178,757</u> |
| Prescription | | |
| Dental | | |
| Vision | | |

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

Section VII

Prepared by: Mary Weibel Title: SBA
 Signature: [Signature] Date: 6/27/13