SUMMARY FORM

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

Section I: Agreement Deta							
Public Employer:	Ocean City Board of Education				County:	County: Cape May	
Employee Organization	Ocean City Educatio	Ocean City Education Association				Employees in Unit: 210	
Base Year Contract Term:	7/1/2014 New Contract Term 6/30/2017						
Type of Settlement:	☐ Mediated Settlemen	ent 🗆 Fa			✓ Voluntary Settlement	Super Conciliation	
				umn A - Total Costs	Column B New Base Year - To		
				evious agreement)	(First Year of Successor	otal Costs ir agreement)	
Section II: Economic					1		
Item 1Sala			\$175,562,912	2	\$17,893,289		
	rement		\$454 F00		***************************************		
Item 4	ngevity		\$454,500		\$486,000		
Item 5	***						
Item 6		ı		****	<u> </u>		
Item 7		ļ					
Item 8		!					
Item 9		ļ					
Item 10		!		······································			
Item 11		1			·		
Item 12		!		***************************************			
Any additional items list on separate she	eet	Additional Items	l				
Section III: Totals - Sum of costs	s in each column	!	\$18,017,412 (Total)		\$18,379,289		
					(Total)		
Section IV: Analysis of new successor	sor agreement		NFW AGREE	MENT ANALYSIS	1		
Total Base Year(previous agreement)	\$18,017,412		··	ALITY CHANGE			
	<u> </u>	•					
Effective Date (m/d/yyyy)		7/1/2014	7/1/2015	7/1/2016		<u></u>	
Percent increase	er er e e e e e e e e e e e e e e e e e	2.0	2.1	2.1			
Total cost of increase	-	\$361,877	\$387,557	\$389,884			
Total base salary (successor agreement)		\$18,379,289	\$18,766,845	\$19,156,729			
Section V: Impact of Settleme		ise over term of agree	ement				
Percentage Impact (average per year over		2.07					
Oollar Impact (average per year over term	n of agreement)	\$379,773.00					
Section VI							
Health Insurance (Indicate costs associat	rind on each lead					z william metal	
	ed on each mej	Base Year	Year 7				
Cost of Health Plan							
Employee Contributions	· · · · · · · · · · · · · · · · · · ·						
Prescription	•						
Dentai	-						
Vision	······						
The undersigned certifies tha	at the foregoing figures ar	m true and is aware	that if any of the for	ina itoms are fal	se, s/he is subject to punisme		
Section VI	t the foregon,) uuc anu is sii	Mat II arry or une ros.	egoing nems are rais	se, s/he is subject to punisme	<u> </u>	
Prepared by:	Mark A. Ritte	Mark A. Ritter		Title	. Interim School Ru	siness Admininstrate	
' 		Print Name			internit benoon bu	siness Auminmstrat	
	Mark A. Ritte		Date:		2/23/2015		
		Signature	4		-/ -0/ -0-0		