

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Linwood City School District County: 01 Atlantic  
 Employee Organization: Linwood Education Association Employees in Unit: 120 FTE  
 Base Year Contract Term: 7-1-07 to 6-30-10 New Contract Term: 7-1-2010 to 6-30-2013  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

FTE		Column A Base Year - Total Costs <small>(Last Year of Previous agreement)</small>	Column B New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
<b>Section II: Economic</b>			
Teachers	Item 1 <u>73.3</u> Salary w/incre & longevity	<u>6,224,388-</u>	<u>6,442,549-</u>
	Item 2 ..... Increment <u>included</u>		
	Item 3 ..... Longevity <u>included</u>		
Custod/main	Item 4 <u>10.3</u> Salary inc long & increment	<u>312,762</u>	<u>323,725</u>
Secretary	Item 6 <u>5.7</u> Salary all included	<u>200,969</u>	<u>208,012</u>
Paras/Aides	Item 9 <u>29.7</u> Hourly - Projected	<u>508,964</u>	<u>526,778</u>
Technician	Item 12 <u>1</u> Salary	<u>46,800</u>	<u>50,000</u>
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals</b> - Sum of costs in each column		<u>7293,883</u> (Total)	<u>7,551,064</u> (Total)

\* starting Salary increased 3.5% each yr after

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>4.7%</u>	<u>10-11</u>	<u>11-12</u>	<u>12-13</u>
Effective Date (m/d/yyyy)		<u>3.5%</u>	<u>3.5%</u>	<u>3.5%</u>
Percent Increase		<u>257,181</u>	<u>204,287</u>	<u>273,537</u>
Total cost of increase		<u>7551,064</u>	<u>7815,351</u>	<u>8,058,888</u>
Total base salary (successor agreement)				

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

Percentage Impact (average per year over term of agreement) 3.5% salary  
 Dollar Impact (average per year over term of agreement) \_\_\_\_\_

**Section VI**

Health Insurance (indicate costs associated on each line)

Cost of Health Plan	Health	Base Year <u>0%</u>	Year 1 <u>1.5% of Salary or 4% of Premium</u>	Year 2 <u>4% of Salary or 4% of Premium</u>	Year 3 <u>4% of Salary or 4% of Premium</u>
Employee Contributions					
Prescription	RX	<u>8.5%</u>	<u>4%</u>	<u>4%</u>	<u>4%</u>
Dental		<u>20%</u>	<u>20%</u>	<u>20%</u>	<u>20%</u> No A Dental
Vision		<u>\$250</u>	<u>\$250</u>	<u>\$250</u>	<u>\$250</u> (No longer can accumulate)

*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: Teri J. Weeks Title: School Business Administrator  
 Signature: Teri Weeks Date: 5-22-12

Settle 3/30/10