

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Hunterdon Central Regional High School County: Hunterdon

Employee Organization: Hunterdon Central Regional High School Administrators Association Employees in Unit: 16

Base Year Contract Term: 7/1/2011 6/30/2015 New Contract Term 7/1/2015 6/30/2018

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>	\$1,942,842	\$1,997,166
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$34,350	\$33,250
Item 4 ..... <u>Degree Stipend</u>	\$34,170	\$31,230
Item 5 ..... _____		
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 -</b> Sum of costs in each column	\$2,011,362	\$2,061,646
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,011,362

Effective Date (m/d/yyyy)	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>
Percent Increase .....	<u>2.5</u>	<u>2.5</u>	<u>2.5</u>
Total cost of increase ..	<u>\$50,284</u>	<u>\$51,541</u>	<u>\$52,830</u>
Total base salary (successor agreement) .....	<u>\$1,997,166</u>	<u>\$2,042,532</u>	<u>\$2,090,562</u>

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

Percentage Impact (average per year over term of agreement) 2.50

Dollar Impact (average per year over term of agreement) \$51,552.00

**Section VI**

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

	Base Year	Year 1
Cost of Health Plan .....	\$206,951	\$206,951
Employee Contributions .....	\$95,086	\$96,964
Prescription .....	\$48,088	\$53,454
Dental .....	\$16,635	\$16,635
Vision .....	\$0	\$0

*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: Gymlyn Corbin Title: Business Administrator

Print Name  
Gymlyn Corbin  
Signature

Date: 9/11/2015