

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: MARLBORO TWSP BOARD OF EDUCATION County: MONMOUTH  
 Employee Organization: MARLBORO TWSP OPERATIONAL ADMIN ASSOC Employees in Unit: \_\_\_\_\_  
 Base Year Contract Term: 7/1/11 6/30/14 New Contract Term: \_\_\_\_\_  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... Salary	246568	246568
Item 2 ..... Increment	0	0
Item 3 ..... Longevity	6900	6900
Item 4 .....		
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	<u>253468</u> (Total)	<u>253468</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) 246568

Effective Date (m/d/yyyy)	11/12	12/13	13/14
Percent Increase .....	0%	2%	2%
Total cost of increases ..	0	4931	5030
Total base salary (successor agreement) .....	246568	251499	256529

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

Percentage Impact (Average per Year over term of agreement) .08%  
 Dollar Impact (average per year over term of agreement) 185

\* Due to the additional contribution the district will receive from health benefits, we have a .08% increase over term.

**Section VI**

Health Insurance (Indicate costs associated on each line)	Direct	10 "Adm"	Family	12/12	12/13	12/14
Cost of Health Plan .....	14403	15921	18299	20351		
Employee Contributions .....	825	3802	7529	13578		
Prescription .....	3978	4118	4358	4703		
Dental .....	864	931	1117	1117		
Vision .....						

11/12 Tier 1  
12/13 Tier 2  
13/14 Tier 3

*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: Christine Jelinsky Title: ASST BUS Adm  
 Signature: [Signature] Date: 8/20/13