#### **SUMMARY FORM**

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

Section IP Platine Flavored Administrative Oroup  Employee Organization  South Platine Flavored Administrative Oroup  Employee Copalization  Type of Settlement  Settlemen	Section I: Agreement Deta		nwood Board of Edu	Education Union					
Selection							,		
Type of Settlement	Employee Organization			ve Group		Employees in Unit:			
Column A   Base Year - Total Costs   Cut   First Year of Section appearance)	Base Year Contract Term:	7/1/2009	6/30/2011	New Cont	ract Term <u>7/1/2011</u>	2011 6/30/2014			
Base Year - Total Costes (Lat Vise of Physicus appreciated) Rem 1 Salary S1.704.927 \$1.704.923 S1.704.923 S1.7	Type of Settlement:	☐ Mediated Settl	lement	act-Finder Recomme	ndation	Voluntary Settlement	☐ Super Cor	nciliation	
Salary   S				Base Year	- Total Costs	New Base Year	Total Costs		
Section   1	ection II: Economic			(Last Year of Pr	evious agreement)	(First Year or Succes	sor agreement)		
State   Stat		arv		\$1,704,927		\$1 734 763			
term 3 Longstelly So S	. 504:								
Total   Standard Internal   Standard Interna	tem 3 Lor	ngevity							
Telem 6	tem 4 Trav	rel	_	\$3,900		\$3,900			
Item 7	ltem 5 Tuiti	on	<u> </u>	\$15,000		\$15,000			
Horn 10   Herm 10   Herm 10   Herm 10   Herm 10   Herm 10   Herm 11   Herm 12   Herm 12   Herm 12   Herm 13   Herm 14   Herm 15   Herm 16 for superate sheet   Additional harma   S1,738,427   S1,768,263   (Total)   (Total)   (Total)   Herm 15   Herm 16 for superate sheet   Additional harma   S1,738,427   S1,768,263   (Total)   (Total)   Herm 16   Herm 16   Herm 17   Herm 16   Herm 17   Herm 16   Herm 17   Herm 16   Herm 17   Herm 16   Herm 16   Herm 17   Herm 16   Herm 1	ttem 6 Vaca	ation	_						
Item 9	Item 7 Sick	Personal							
Iden 10    Iden 17    Iden 17    Iden 18    Iden 18    Iden 19    Id	tem 8 Holid	days							
Rem 11			_						
Item 12									
Additional liters  Strip additional liters  Strip and costs in each column  Strip Additional liters  NEW AGREEMENT ANALYSIS  (Total)  NEW AGREEMENT ANALYSIS  Strip Analysis  Title:  Business Administrator  Partit Name  Date: 6/28/2012			_		<u> </u>		<del></del>		
Section III: Totals - sum of costs in each column    S1,738,427									
Cotable   Cota	uny additional nams list on separate sr	ice!	Additional Items						
Scition IV: Analysis of new successor agreement of the successor agreement	ection III: Totals - sum of cos	its in each column		\$1,738,427		\$1,768,263			
State   Stat				(	Total)				
Total Base Year (previous agreement)  Fiffective Date (m/d/yyyy)  7/1/2011  7/1/2012  7/1/2013  Percent Increase  1.75  1.75  1.76  Total cord of corease  529,836  \$30,358  \$30,980  Total base salary (successor agreement)  \$1,734,763  \$1,734,763  \$1,765,122  \$1,796,011   Ection V: Impact of Settlement - average annual increase over term of agreement  Percentage impact (everage per year over term of agreement)  1.75  530,361.00  Ection VI  Percentage impact (everage per year over term of agreement)  1.75  530,361.00  Ection VI  Base Year  Year 1  Cost of Health Plan  \$109,662  \$116,862  Employee Contributions  \$0  \$1,734,735  \$1,734,763  \$1,734,763  \$1,795,011   Extra contributions  \$1,756  \$30,361.00  Ection VI  Entry contributions  \$1,756  \$30,361.00  Extra contributions  \$1,756  \$1,796,011  Extra contributions  \$1,796,011					·				
Percent locresse				NEW AGRE	EMENT ANALYSIS				
Percent Increase  1.75 1.75 1.75 1.75 1.75 1.75 1.75 1.7	To a substitution of the s	\$1,738,427	<u></u>						
Total cost of increase  \$29,836 \$30,358 \$30,980  Socion V: Impact of Settlement - average annual increase over term of agreement  Percentage impact (everage per year over term of agreement)  1.75  Socion V: Impact of Settlement - average annual increase over term of agreement  Percentage impact (everage per year over term of agreement)  1.75  Socion VI  Settlement - average annual increase over term of agreement  1.75  Socion VI  Settlement - average annual increase over term of agreement  Socion VI  Settlement - average annual increase over term of agreement  Socion VI  Settlement - average annual increase over term of agreement  Socion VI  Settlement - average annual increase over term of agreement  Socion VI  Settlement - average annual increase over term of agreement  Socion VI  Socion VI  Socion VI  Socion VI  Socion S	Effective Date (m/d/yyyy)		7/1/2011	7/1/2012	7/1/2013				
SZ9,836   \$30,388   \$30,980	Percent Increase	***************	1.75	1.75	1.75				
Sition V: Impact of Settlement - average annual increase over term of agreement  Percentage impact (everage per year over term of agreement)  1.75 Dotar impact (everage per year over term of agreement)  1.75 Sala Year Sala Sala Sala Sala Sala Sala Sala Sala	lotal cost of increase		\$29,836	\$30,358	\$30,980				
Percentage impact (sverage per year over term of agreement)  1.75  \$30,361.00   Section VI	otal base salary (successor agreemer	10	\$1,734,763	\$1,765,122	\$1,796,011				
1.75   \$30,361.00	ction V: Impact of Settler	nent - average annual i	increase over term of ag	reement		(E)			
Peach Insurance (Indicate costs associated on each line)    Base Year			1.75						
Base Year Year 1 Cost of Health Plan \$109,662 \$116,862 Employee Contributions \$0 \$12,627 Prescription \$0 \$0 Pantal \$5,313 \$5,593 Fision \$0 \$0  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, silhe is subject to punisment.  Cotton VII Prepared by:  James J. Davis Title: Business Administrator  Date: 6/28/2012	Oollar Impact (average per year over te	rm of agreement)	\$30,361.00						
Base Year   Year 1	ection VI								
Sect of Health Plan   \$109,662   \$116,862   \$12,627   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	lealth insurance (Indicate costs associ	isted on each line)							
# 105/02 \$110,602 \$110,602 \$110,602 \$10 \$12,627 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Cost of Health Plan			_					
So \$12,027 \$0 \$0  Sental									
So   So   So   So   So   So   So   So	0000000000								
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 punisment.  Cition VII  Prepared by:  James J. Davis  Title:  Business Administrator  Date: 6/28/2012				<del></del>	<del></del>				
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 punisment.  Control VII  Prepared by:  James J. Davis  Title:  Business Administrator  Date: 6/28/2012					-				
ction VII Prepared by:  James J. Davis  Title:  Business Administrator  Date: 6/28/2012					· ·			,	
Prepared by:  James J. Davis  Title: Business Administrator  Date: 6/28/2012		hat the foregoing figur	res are true and is awa	re that if any of the f	oregoing items are false,	s/he is subject to puni	<u>iment.</u>		
Date: 6/28/2012		James I	Davie		Т21	Rusiness Admir	nistrator		
Date: 6/28/2012	repered by.	Jaines J.	$\overline{}$		i ide:	Dusiness Aumin	natiator .		
			//	4	Date:	6/28/2012			
		-	Signature		Jaic.	-1-01-012			
			///						
		14	///						

#### **SUMMARY FORM**

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

Public Employer:		tch Plains-Fanwood Board of Education					County: Union		
Employee Organization	Scotch Plains-Far	nwood Supervisor Association			Employees in Unit: 7				
Base Year Contract Term:	7/1/2009	6/30/2011	New Cont	ract Term	2011	11 6/30/2014			
Type of Settlement	☐ Mediated Settle	ement	act-Finder Recomme	Finder Recommendation		Voluntary Settlement Super C		Conciliation	
			Base Year	umn A - <u>Total Costs</u> revious agreement)		Column New Base Year - 1 (First Year of Successor	Total Costs		
Section II: Economic									
Item 1 Sal	lary		\$841,770		- 1	\$856,500			
Item 2 Inc	rement	_	\$8,750		_	\$8,750			
Item 3 Lor	ngevity	_	\$0		-1	\$0			
Item 4 Trav	rel		\$4,900		-1	\$4,900			
Item 5 Tulti	on Reimburse	_	\$13,000		-1	\$13,000			
Item 6 Vac					-1				
	/Personal	_							
Item 8 Holid	days				-				
Item 9					-				
Item 10		_			- [				
Item 11				24	-				
Item 12		_		<u>.</u>	-		——I		
Any additional items list on separate si	heet	Additional Items			- [				
Section III: Totals - sum of cos	sts in each column		\$868,420			\$883,150			
						(Total)			
			1 '	Total)		(Total)			
- · · · · · · · · · · · · · · · · · · ·			<u> </u>						
Section IV: Analysis of new success			NEW AGRE	EMENT ANALYSIS					
Total Base Year(previous agreement)	\$868,420								
Effective Date (m/d/yyyy)		7/1/2011	7/1/2012	7/1/2013					
Percent Increase		1.75	1.75	1.75	-				
Total cost of increase		\$14,730	\$14,988	\$15,252	-				
Total base salary (successor agreeme	nt)	\$856,500	\$871,488	\$886,740	-	<del></del>			
Section V: Impact of Settlen	nent - average annual i								
Percentage Impact (average per year	_	-							
Dollar Impact (average per year over to	erm of agreement)	1.75 \$14,990.00							
		<del>\$14,550.00</del>							
Section VI									
Health Insurance (Indicate costs associ	dated on each line)								
Cost of Health Plan		Base Year	Year 1						
Employee Contributions		\$109,662	\$116,662		_				
Prescription		\$0	\$12,627	. <del></del>	_		<del></del> ,		
Prescription		\$0	\$0		_		<del></del> ,	-	
		\$5,313	\$5,593		_		<del></del> .		
Vision	*****************	<u>\$0</u>	<u>\$0</u>		_		<del></del> .		
The undersigned certifies t	hat the foregoing figur	es are true and is awa	re that if any of the I	foregoing items are	false,	s/he is subject to punism	<u>nent</u>		
Section VII						90			
Prepared by:	James J.	Davis			Title:	Business Admin	istrator		
		Print-Name		•					
	100000000000000000000000000000000000000	1			Date:	6/28/2012			
		Signature		-					
		11/	6						
		///							
	T	//							

### Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning  $\frac{7}{1}$ 011 thru  $\frac{6}{30}$ 02014.

Title:

Employer: Scotch Plains-Fanwood BOE

County: Union

Date: 6/28/2012

Name: James J. Davis

Print Name

**Business Administrator**