SUMMARY FORM

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

Section I: Agreement Deta	iils Woodbury City Public	School District			County.	Gloucester	
Public Employer:							
Employee Organization Woodbury Education Association			Employees in Unit: 182				
Base Year Contract Term:	7/1/2009	6/30/2012	New Contrac	t Term 7/1/20	6/30/2	2015	
Type of Settlement:	Mediated Settlemen	t 🗆 Fa	ct-Finder Recommends	etion	✓ Voluntery Settlement	Super Conciliation	
			Colum <u>Base Year - T</u> (Last Year of Previ	otal Costs	Column E <u>New Base Year</u> - T (First Year of Successo	otal Costs	
Section II: Economic							
Item 1 Sa	lary		\$10,465,546		\$10,910,106		
Item 2 Inc	rement				. A70.057		
Item 3 Lo	ngevity		\$51,900		\$73,257		
ltem 4 Blue	Bank-supp ins. funds		\$138,250		\$0		
Item 5 Cus	todial Shoe allowance		\$0		\$820		
Item 6 Tea	cher Spec Project rate		\$172,927		\$177,250		
Item 7 Stip	ends-Athletic and Co-Cu		\$340,218		\$340,218		
Item 8							
Item 9							
Item 10							
Item 11							
Item 12							
Any additional items list on separate	sheel	Additional items			_		
			440,405.540		£11 E01 CE1		
Section III: Totals - Burn of coals in each column			\$10,465,546			\$11,501,651	
			(10	otal)	(Total)		
			AVEW ACREE	MENT ANALYSIS			
Section IV: Analysis of new succe Total Base Year(previous agreement			NEW AGREE	MERT ANALTSIS			
TOTAL DOCK 1 6th QUI 031046 Agr 0011911	\$10,485,546	-					
Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/2014			
Percent Increase		2.5	2.5	unknown			
Total cost of Increase		\$261,639	\$272,753				
Total base salary (successor agreem	ment)	\$10,727,185	\$10,922,858				
Section V: Impact of Settle	ment - average annual incr						
Percentage Impact (average per year		sada oran tarin oraş	, comon				
Dollar Impact (average per year over	tom or agreement		•				
Section VI							
Health insurance (Indicate costs as	ocialad on each line)						
Cost of Health Plan		Base Year	Year 1 \$2,508,814				
		\$2,668,952					
Employee Contributions	***************************************	\$237,553	\$252,000				
Prescription	***************************************	\$0	\$0				
Denial		\$0	\$0		-		
Vision		\$0	\$0				
The undersigned certifie	s that the foregoing figures	are true and is aw	are that if any of the f	oregoing items are	: false, s/he is subject to puni	sment.	
Section VII					0-12-21	- Administrator	
Prepared by:	Kara L. Hu				Title: School Busines	s Administrator	
	1/	Print Name	10-		7/1/		
	Kay	\star $\sqrt{\Lambda}$	/ whi		Date:		
	. (Signature			• •		