

Employee Organization MAHWAH EDUCATION ASSOCIATION Employees in Unit: 350

Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2015

Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$23,324,901</u>	<u>\$23,903,161</u>
Item 2 <u>Increment</u>	<u>\$578,260</u>	<u>\$621,482</u>
Item 3 <u>Longevity</u>	<u>\$113,000</u>	<u>\$113,000</u>
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	_____	_____
Section III: Totals - Sum of costs in each column	<u>\$24,016,161</u>	<u>\$24,637,643</u>
	(Total)	(Total)

Section IV: Analysis of new successor agreement NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$24,016,161</u>	_____	_____	_____
Effective Date (m/d/yyyy)	<u>7/1/2015</u>	_____	_____	_____
Percent Increase	<u>2.6%</u>	_____	_____	_____
Total cost of increase . .	<u>\$621,482</u>	_____	_____	_____
Total base salary (successor agreement)	<u>\$24,524,643</u>	_____	_____	_____

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

Percentage Impact (average per year over term of agreement)	<u>2.60</u>
Dollar Impact (average per year over term of agreement)	<u>\$621,482.00</u>

Section VI

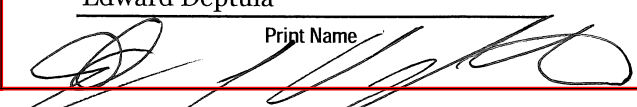
Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	<u>\$5,738,191</u>	<u>\$6,360,000</u>	_____	_____	_____
Employee Contributions	<u>\$999,059</u>	<u>\$1,400,000</u>	_____	_____	_____
Prescription	_____	_____	_____	_____	_____
Dental	<u>\$300,000</u>	<u>\$305,000</u>	_____	_____	_____
Vision	_____	_____	_____	_____	_____

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: Edward Deptula Title: School Business Administrator

 Print Name

Date: 7/31/2015