

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Moorestown Public School District County: Burlington  
 Employee Organization: Moorestown Education Association Employees in Unit: 500  
 Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term 7/1/2010 6/30/2012  
 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>	\$31,186,208	\$29,016,528
Item 2 ..... <u>Increment</u>		\$307,973
Item 3 ..... <u>Longevity</u>		\$6,000
Item 4 ..... <u>Nonrecurring off guide pymt.</u>		\$202,500
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 - Sum of costs in each column</b>	\$31,186,208 (Total)	\$29,533,001 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$31,186,208		
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2010</u>	<u>7/1/2011</u>	<u>7/1/2012</u>
Percent Increase .....	1.78	2.76	2.75
Total cost of increase ..	\$516,473	\$808,190	\$827,293
Total base salary (successor agreement) .....	\$29,016,528	\$29,324,502	\$30,132,692

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

Percentage Impact (average per year over term of agreement) 2.43  
 Dollar Impact (average per year over term of agreement) \$717,319.00


**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$7,330,730	\$8,063,803	\$8,870,183	\$9,757,201	
Employee Contributions .....	\$0	\$450,000	\$700,000	\$950,000	
Prescription .....	\$0	\$0	\$0	\$0	
Dental .....	\$603,580	\$603,580	\$603,580	\$633,760	
Vision .....	\$50,000	\$50,000	\$50,000	\$50,000	

*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: Lynn E. Shugars Title: Business Administrator  
 Print Name  
  
 Signature  
 Date: 5/29/2012