SUMMARY FORM

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

Section I: Agreement Deta								
Public Employer:	Folsom Board of	Folsom Board of Education County: Atlantic						
Employee Organization	Folsom Educatio	olsom Education Association Support Staff				Employees in Unit: 0		
Base Year Contract Term:	7/1/2012	6/30/2015						
Type of Settlement:	☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation							
			Base Year	umn A - Total Costs evious agreement	Column New Base Year - (First Year of Success	B Fotal Costs		
Section II: Economic					1. 10. 10. 0. 0.00000	or agreementy		
Item 1 Sala	ary		\$0		\$0			
Item 2 Incre	ement	_	\$0		\$0			
Item 3 Long	gevity		\$0		\$0			
	n Reimbursement	_	\$300		\$300			
Item 5		_						
Item 6								
Item 7								
Item 8								
Item 9								
Item 10		_						
Item 12		_	-			 -		
Any additional items list on separate she	et	Additional Items						
			-	_				
Section III: Totals - Sum of costs	in each column		\$300		\$300			
			(To	otal)	(Total)			
Section IV: Analysis of new successo	r agreement	,,	NEW AGREE	MENT ANALYSIS				
Total Base Year(previous agreement)	\$300	_	NEW MOREE	MENT ANALTSIS				
Effective Date (m/d/yyyy)		7/1/2015	7/1/2016	=/1/001=				
Percent Increase		3%	7/1/2016 3.25%	7/1/2017 3.5%				
Total cost of increase		\$0	\$0	\$0				
Total base salary (successor agreement)		\$0	\$0	\$0				
ection V: Impact of Settlemen	nt - average annual in	crease over term of ag	eement					
Percentage Impact (average per year over		3.25	ve 2031					
Dollar Impact (average per year over term	of agreement)	\$0.00						
		40.00						
Section VI		40.00						
	ed on each line)							
Section VI		Base Year	Year 1					
Section VI Health Insurance (Indicate costs associate Cost of Health Plan			Year 1					
Section VI Health Insurance (Indicate costs associate)			Year 1					
Section VI Health Insurance (Indicate costs associate Cost of Health Plan Employee Contributions Prescription			Yes 1					
Pleation VI Health Insurance (Indicate costs associate Cost of Health Plan Employee Contributions Prescription Dental			Yesr 1					
Health Insurance findicate costs associate Cost of Health Plan Employee Contributions Prescription Dental Vision		Base Year						
Health Insurance (Indicate costs associate Cost of Health Plan Employee Contributions Prescription Dental Vision The undersigned certifies that		Base Year		egoing items are false,	she is subject to punisme	<u></u>		
Fleath Insurance (Indicate costs associate Cost of Health Plan Employee Contributions Prescription Dental Vision		Base Year Base Year Base Year	e that if any of the force		-0			
Section VI Health Insurance (Indicate costs associate Cost of Health Plan Employee Contributions Prescription Dental Vision The undersigned certifies that section VII		Base Year Base Year Base Year		egoing items are false,	she is subject to punisme	nt. Admin		
Section VI Health Insurance (Indicate costs associate Cost of Health Plan Employee Contributions Prescription Dental Vision The undersigned certifies that election VII		Base Year S are true and is awar	e that if any of the force		-0			