SUMMARY FORM

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

Section I: Agreement Deta	ils						
Public Employer:	blic Employer: Magnolia Board of Education					County: Camden	
Employee Organization	Magnolia School E	chool Education Association 6/30/0201 New Contract Term 7/1/2015			Employees in Unit: 63		
Base Year Contract Term:	7/1/2010				/1/2013 6/30/0201		
Type of Settlement:	☐ Mediated Settler	nent 🔲 F	act-Finder Recommen	-Finder Recommendation		Voluntary Settlement Super Conciliation	
				ımn A	Column		
				· Total Costs evious agreement)	New Base Year - 1 (First Year of Success)	or agreement)	
Section II: Economic							
Item 1 Sala	ary		\$3,224,992		\$3,289,492		
Item 2 Incr	rement						
Item 3 Longevity			\$52,050		\$65,550		
Item 4 Black	k Seal		\$1,800		\$1,800		
Item 5				1			
Item 6					<u></u>		
Item 7		***			***************************************		
Item 8							
Item 9		<u></u>					
Item 10						***************************************	
Item 11							
Item 12							
Any additional items list on separate sh	eet	Additional Items			***		
Section III: Totals - Sum of costs in each column		······································	\$3,278,842		\$3,356,842		
			(Total)		(Total)		
			1	,	, ,		
Section IV: Analysis of new success	sor agreement		NEW AGREE	MENT ANALYSIS			
Total Base Year(previous agreement)	\$3,278,842		***************************************	······································			
							
Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/2014	7/1/2015		
Percent Increase	***************************************	<u> </u>	2	2	1.75		
Total cost of increase			\$78,000	\$68,840	\$56,603		
Total base salary (successor agreemen	10	\$3,224,992	\$3,289,492	\$3,355,282	\$3,413,999		
Section V: Impact of Settler	nent - average annual in	crease over term of ag	reement				
Percentage impact (average per year o	over term of agreement)	1.91					
Dollar Impact (average per year over te	erm of agreement)	\$67,814.33					
Section VI							
Health Insurance (Indicate costs assoc	vistad on each final						
Fichin Wildiams Process Costs Sanc		Base Year	Year 1				
Cost of Health Plan	***************************************	\$767,726	\$822,724		***************************************	······	
Employee Contributions		\$43,448	\$72,887				
Prescription	*universal contraction	\$151,395	\$162,241				
Dental	***************************************	\$55,736	\$52,945				
Vision	***************	\$4,471	\$4,545				
The undersigned certifies t	hat the foregoing figure	s are true and is awa	re that if any of the I	oregoing items are false	, s/he is subject to punis	ment.	
Section VII							
Prepared by:	Greg Gontowski			Title:	Title: Board Secretary/Business Administrate		
		Print Name					
	**************************************			Date:	8/6/2013		
		Signature					