

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2012 thru 6/30/2015.

Employer: Twp. of Franklin Bd. of Ed.

County: Gloucester

Date: May 19, 2014

Name: Elizabeth A. DiPietro
Print Name

Title: SBA/BS

Signature

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Township of Franklin Board of Education County: Gloucester
 Employee Organization: Twp of Franklin Education Association Employees in Unit: _____
 Base Year Contract Term: 9/1/09 - 8/31/12 New Contract Term: 7/1/12 - 6/30/15
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <small>(Last Year of Previous agreement)</small>	Column B New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
Section II: Economic		
Item 1 <u>Salary</u>	<u>7 078 235</u>	<u>7 262 269</u>
Item 2 <u>Increment</u>	<u>-0-</u>	<u>-0-</u>
Item 3 <u>Longevity</u>	<u>-0-</u>	<u>-0-</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>7 078 235</u> <small>(Total)</small>	<u>7 262 269</u> <small>(Total)</small>

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) 120

Effective Date (m/d/yyyy)	<u>7/1/12</u>	<u>7/1/13</u>	<u>7/1/14</u>
Percent Increase	<u>2.6</u>	<u>2.2</u>	<u>2.2</u>
Total cost of increase ..	<u>184,034</u>	<u>159,770</u>	<u>163,285</u>
Total base salary (successor agreement)	<u>7 262 269</u>	<u>7 422 039</u>	<u>7 585 324</u>

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

Percentage Impact (average per year over term of agreement) 2.33
 Dollar Impact (average per year over term of agreement) 169,030

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year * <u>1660 297</u>	Year 1 <u>1759 914</u>
Cost of Health Plan		
Employee Contributions	<u>94 906</u>	<u>208,691</u>
Prescription	<u>502,092</u>	<u>532 217</u>
Dental	<u>47,651</u>	<u>50 510</u>
Vision	<u>-0-</u>	<u>-0-</u>

* Numbers extrapolated from Year 1 info
 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: Elizabeth A. DiPietro Title: School Business Administrator
Print Name

Signature Date: 6-10-2014