

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Lower Cape May Regional School District County: Cape May
 Employee Organization: Administrators Association of the Lower Cape May Regional School District Employees in Unit: 7
 Base Year Contract Term: 7/1/2015 6/30/2016 New Contract Term 7/1/2016 6/30/2019
 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>
Section II: Economic		
Item 1 <u>Salary</u>	\$595,318	\$668,027
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$8,500	\$10,925
Item 4 <u>Advance Degree</u>	\$2,750	\$4,000
Item 5 <u>403b Tax Shelter</u>	\$18,650	
Item 6 <u>Pension Reimbursement</u>	\$30,328	
Item 7 _____		
Item 8 _____		
Item 9 _____		
Item 10 _____		
Item 11 _____		
Item 12 _____		
<i>Any additional items list on separate sheet Additional Items</i>		
Section III: Totals - Sum of costs in each column	\$655,546	\$682,952
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$655,546

Effective Date (m/d/yyyy)	<u>7/1/2016</u>	<u>7/1/2017</u>	<u>7/1/2018</u>	_____	_____
Percent Increase	4.2%	2.8%	2.9%		
Total cost of increase ..	\$27,406	\$19,371	\$20,700		
Total base salary (successor agreement)	\$682,952	\$702,323	\$723,023		

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

Percentage Impact (average per year over term of agreement) _____
 Dollar Impact (average per year over term of agreement) _____

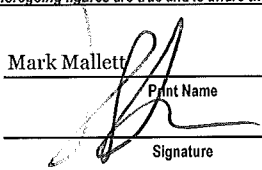
Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	\$131,070	\$138,341	\$149,408	\$161,361	
Employee Contributions	\$26,411	\$39,289	\$44,226	\$47,763	
Prescription					
Dental	\$16,747	\$16,747	\$16,747	\$16,747	
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: Mark Mallett Title: School Business Administrator
 _____
 Signature

Date: 9/14/2016