

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Cumberland County Board of Vocational Education County: Cumberland
 Employee Organization: Cumberland County Vocational Technical Education Association Employees in Unit: 58
 Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2015
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 <u>Salary</u>	\$3,172,401	\$3,247,904
Item 2 <u>Increment</u>	\$0	\$0
Item 3 <u>Longevity</u>	\$0	\$0
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	\$3,172,401 (Total)	\$3,247,904 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$3,172,401				
Effective Date (m/d/yyyy)	<u>7/1/2014</u>				
Percent Increase	<u>2.38</u>				
Total cost of increase ..	<u>\$75,503</u>				
Total base salary (successor agreement)	<u>\$3,247,904</u>				

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

Percentage Impact (average per year over term of agreement)	<u>2.38</u>
Dollar Impact (average per year over term of agreement)	<u>\$75,503.00</u>


Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$706,834	\$772,399			
Employee Contributions	\$123,861	\$198,762			
Prescription	\$157,263	\$166,699			
Dental	\$37,381	\$37,381			
Vision	\$6,707	\$6,707			

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: Gene Mercoli Title: School Business Administrator
 Print Name
 Signature
 Date: 8-12-14

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 7/1/2014 thru 7/1/2015.

Employer: Cumberland County Board of Vocational Ed

County: Cumberland

Date: 8/11/2015

Name: Gene Mercoli
Print Name

Title: School Business Administrator


Signature