

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Warren Township BOE County: Somerset
 Employee Organization: W T A A Warren Township Administrators Assn Employees in Unit: 10
 Base Year Contract Term: 7/1/14 New Contract Term: 6/30/17
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 <u>Salary</u>	<u>1,149,269</u>	<u>1,172,255</u>
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	<u>5000</u>	<u>5000</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>1154269</u> (Total)	<u>1177255</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) 1154269

Effective Date (m/d/yyyy)	7/1/14	7/1/15	7/1/16
Percent Increase	<u>2%</u>	<u>2%</u>	<u>2%</u>
Total cost of increase ..	<u>22986</u>	<u>23445</u>	<u>23914</u>
Total base salary (successor agreement)	<u>1177255</u>	<u>1195700</u>	<u>1219614</u>

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

Percentage Impact (average per year over term of agreement) 2%
 Dollar Impact (average per year over term of agreement) 23,448

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	<u>167421</u>	<u>181368</u>
Employee Contributions	<u>14907</u>	<u>15203</u>
Prescription	<u>0</u>	<u>0</u>
Dental	<u>2583</u>	<u>2583</u>
Vision	<u>0</u>	<u>0</u>

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: Patricia Leonhardt Title: Business Admin
 Signature: Patricia Leonhardt Date: 8/13/14

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 7/1/11 thru 6/30/14.

Employer: Waxen Township BOE

County: Somerset

Date: 8/13/14

Name: Patricia Leonhardt
Print Name

Title: Business Admin

Patricia Leonhardt
Signature