

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: New Milford Board of Education County: Bergen
 Employee Organization: New Milford Administrator's Assn. Employees in Unit: 8
 Base Year Contract Term: 7/1/2012 - 6/30/2013 New Contract Term: 7/1/2013 - 6/30/2016
 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>	<u>930,230</u>	<u>951,573</u>
Item 2 <u>Increment</u>		<u>23,400.</u>
Item 3 <u>Longevity</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>(Total)</u> <u>930,230</u>	<u>(Total)</u> <u>974,973</u>

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) 930,230

Effective Date (m/d/yyyy)	<u>7/1/13</u>	<u>7/1/14</u>	<u>7/1/15</u>
Percent Increase	<u>2.25% + 23400</u>	<u>2.125%</u>	<u>2.0%</u>
Total cost of increase	<u>44,743</u>	<u>20,612</u>	<u>19,812</u>
Total base salary (successor agreement)	<u>974,973</u>	<u>995,585</u>	<u>1,615,397</u>

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

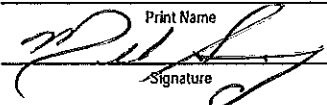
Percentage Impact (average per year over term of agreement) 4.15%
 Dollar Impact (average per year over term of agreement) 28,387

Section VI

Health Insurance (Medicare costs associated on each first)	Base Year	Est. Year 1			
	Cost of Health Plan	<u>74,915</u>	<u>91,144</u>		
Employee Contributions	<u>6,329</u>	<u>6,754</u>			
Prescription	<u>inc.</u>	<u>inc.</u>			
Dental	<u>11,844.</u>	<u>11,844.</u>			
Vision	<u>2,648.</u>	<u>2,836.</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: Michael Sawicz Title: Business Admin.
 Print Name
 Signature:  Date: 5/30/13

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 7/1/2013 thru 6/30/2016.

Employer: New Milford BOE
County: Bergen
Date: 5/30/13
Name: Michael Sawicz
Print Name
Title: Business Admin.
[Signature]
Signature