

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Pascack Valley Regional High School District County: Bergen
 Employee Organization: Pascack Valley Administrators Association 7/1/2012 Employees in Unit: 6
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term: 7/1/2015 6/30/2018
 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>	<u>\$893,564</u>	<u>\$915,010</u>
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	<u>\$13,000</u>	<u>\$18,000</u>
Item 4 <u>Tuition</u>	<u>\$10,000</u>	<u>\$10,000</u>
Item 5 <u>Course Stipend</u>	<u>\$8,650</u>	<u>\$0</u>
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>\$925,214</u> (Total)	<u>\$943,010</u> (Total)

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$925,214

<u>Effective Date (m/d/yyyy)</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>	_____	_____	_____
Percent Increase	<u>1.94</u>	<u>2.51</u>	<u>2.98</u>			
Total cost of increase ..	<u>\$17,796</u>	<u>\$23,460</u>	<u>\$28,487</u>			
Total base salary (successor agreement)	<u>\$943,010</u>	<u>\$966,470</u>	<u>\$994,957</u>			

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

Percentage Impact (average per year over term of agreement) 2.48
 Dollar Impact (average per year over term of agreement) \$23,247.00

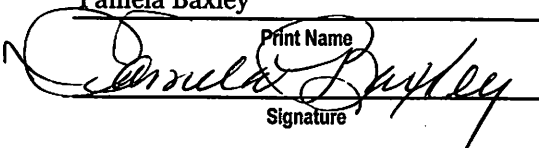
Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____	_____
Cost of Health Plan	<u>\$91,199</u>	<u>\$94,598</u>				
Employee Contributions	<u>\$23,939</u>	<u>\$24,630</u>				
Prescription						
Dental	<u>\$6,579</u>	<u>\$7,085</u>				
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: Pamela Baxley Title: Business Administrator
 Print Name
 Signature Date: 7/30/2015