## SUMMARY FORM

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

Section I: Agreement Detain Public Employer:	Mainland Regional High School Board of Education  Mainland Regional Administration Association			County:	County: Atlantic	
Employee Organization				Employees in Unit: 8		_
Base Year Contract Term:	7/1/2013 6/30/203		New Contract Term 7/1/		6/30/2017	
Type of Settlement:	☐ Mediated Sett		ct-Finder Recommendation	☐ Voluntary Settlement	☐ Super Conciliation	
			Column A Base Year - Total Costs	Column B New Base Year - T		
			(Last Year of Previous agreement)	(First Year of Successor		
Section II: Economic						
Item 1 Sa	lary		\$970,872	\$879,583		
	rement	<del></del>	\$22,041	\$21,375		
-	ngevity		\$0	_ \$0	<del></del>	
	tion	-	\$20,000	\$20,000		
	trict Service Credit		\$55,296	\$55,296	<del></del>	
Item 6		<del></del>				
Item 7		<del></del>		<del></del>		
Item 8		<del></del>		<del> </del>		
Item 10						
Ilem 11			***************************************			
Item 12					<del></del>	
Any additional items list on separate s	heet	Additional Items	l I			
Section III: Totals - Sum of costs in each column		\$1,068,209	3,209 \$976,254			
			(Total)	(Total)		
<del></del>						
Section IV: Analysis of new succe	ssor agreement		NEW AGREEMENT ANALYSIS	<u>s</u>		
Total Base Year(previous agreement)	\$1,068,20	9				
Effective Date (m/d/yyyy)		7/1/2016				
Percent Increase		2.2%				
Total cost of increase		\$21,375				
Total base salary (successor agreeme	ent)	ΨΣ 1,070				
Section V: Impact of Settler	nent - average annua	Increase over term of agr	reement			_
Percentage Impact (average per year	-	2.20				
Dollar impact (average per year over	term of agreement)	\$2,672.00				
Section VI						
Health Insurance (Indicate costs asso	cialed on each line)					
		Base Year	Year 1			
Cost of Health Plan		\$175,736	\$182,989			
Employee Contributions		\$42,803	\$62,132			
Prescription		\$0	\$0		<del></del> , ,	
Dental	***************************************	\$8,798	\$8,798		<del></del>	
Vision	***************************************	\$0	\$0			
The undersigned certifies	that the foregoing fig	ures are true and is awa	re that if any of the foregoing items a	re false, s/he is subject to punis	nent.	
Section VII						
Prepared by:				Title:		
		Print Name				
				Date:		
		Signature				