### **SUMMARY FORM**

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

Section I: Agreement Deta Public Employer:	ails New Providence Boar	rd of Education			County	County: Union	
Employee Organization	New Providence Edu	cation Associatio	n- Teachers		Employees in Unit: 209		
	7/1/2015	6/30/2018	New Contract Term 7/1/2018				
Base Year Contract Term:				_			
Type of Settlement:	☐ Mediated Settlemen	11 LJ F6	act-Finder Recommend	Dalloll 🖭	Voluntary Settlement	☐ Super Conciliation	
			Colui <u>Base Year -</u> (Last Year of Pre		Column I New Base Year - T (First Year of Successor	otal Costs	
Section II: Economic							
Item 1 Salary			\$15,940,889		\$16,443,048	<del></del>	
Item 2 Increment		\$84.800		\$84,800			
Item 3 Longevity		\$84,800		\$661,278			
	ends- Co Curr/Athletics		\$662,493		\$001,270	<del></del>	
	pends- Other		-	<del></del>	***************************************	=====	
	ries and paid per hour			<del></del>	*	<del></del> ?	
	ed on use 0% increase				*		
	all three years			<del>-</del>	***	<del></del>	
Item 9				<del></del>	tr.	<del></del> ;	
Item 10						<del></del>	
Item 11					7		
Item 12			=		-	<del></del> {	
Any additional items list on separate s	heet	Additional Items					
Section III: Totals - Sum of co	sis in each column		\$16,688,182		\$17,189,126		
occion in rotato sanota			-		=======================================		
			(10	otal)	(Total)		
Section IV: Analysis of new succes	ssor agreement		NEW AGREE	MENT ANALYSIS			
Total Base Year(previous agreement)	\$16,688,182						
		-					
Effective Date (m/d/yyyy)		7/1/2018	7/1/2019	7/1/2020			
Percent Increase		3.15	3.0	2.9			
Total cost of increase		\$502,158	\$493,279	\$491,190			
Total base salary (successor agreeme	ont)	\$16,443,048	\$16,936,327	\$17,427,517			
Section V: Impact of Settler	nent - average annual incre	ase over term of agi	reement				
Percentage Impact (average per year	over lerm of agreement)	3.02					
Dollar Impact (average per year over t	erm of agreement)	\$495,542.00					
Section VI							
Health insurance (Indicate costs asso-	ciaped on each line)						
Cost of Health Plan		Bate Year	Year 1				
Employee Contributions		\$3,808,590	\$4,189,449				
Prescription		\$979,246	\$1,003,727				
Dental		\$0	\$0		7 3		
Vision		\$170,116	\$206,691				
		\$0	\$0				
The undersigned certifies I	that the foregoing figures a	are true and is awa	re that if any of the fo	pregoing items are false	e, s/he is subject to punism	nent.	
Section VII	/ . L			7711	School Business	Administrator/Brd Sec	
Prepared by:	James/Testa			Title:	School business	Administrator/ pro sec	
	10.	Print Name	*	Date:	5/13/2019		
	- fu	Signature	exu	Date:	3/13/2019		
	/	Signature					

#### **SUMMARY FORM**

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

Section I: Agreement Deta		Board of Education			County Union				
Public Employer:		County.							
Employee Organization	New Providence Education Association- Secretarial Unit         Employees in           7/1/2015         6/30/2018         New Contract Term 7/1/2018         6/30/2021					15			
Base Year Contract Term:									
Type of Settlement:	☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation								
¥			Base Year	ımn A - Total Costs evious agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)				
Section II: Economic									
Item 1Sal	ary	_	\$710,476		\$732,851				
Item 2Inc	rement				-	-			
Item 3Lor	ngevity	_	\$825		\$975				
Item 4					×	_			
Item 5						_			
Item 6		_				_			
Item 7					,	_			
Item 8						-			
Item 9						-			
Item 10		<u></u> )							
Ilem 11		<u> </u>							
Item 12		<u>—</u> 0				_			
Any additional items list on separate st	heel	Additional Items				-			
Section III: Totals - Sum of cor	de in contractions		\$711,301		\$733,826				
Section III. Totals - sum orcos	sts in each column		-		(Total)				
			(	Total)	(Total)				
Section IV: Analysis of new success	ssor agreement		NEW AGREE	EMENT ANALYSIS					
Total Base Year(previous agreement)	\$711,301								
Effective Date (m/d/yyyy)		7/1/2018	7/1/2019	7/1/2020					
Percent Increase		3.15	3.0	2.9					
Total cost of incresse		\$22,375	\$21,981	\$21,909					
Total base salary (successor agreeme	nt)	\$732,851	\$754,832	\$776,741					
Section V: Impact of Settler		ncrease over term of ag	greement						
Percentage Impact (average per year		3.02							
Dollar Impact (average per year over b	erm of agreement)	\$22,088.00							
Section VI									
Healts Insurance (Indicate costs asso-	ciated on each line)								
Cost of Health Plan		8ase Year \$253,998	Year 1 \$279,398						
Employee Contributions		\$30,396	\$31,156	-		-			
Prescription		\$0	\$0			-			
Dental		\$11,309	\$13,740						
Vision		\$0	\$0						
				2 00 M2 V00	MI DO MANTELO GALTATORE				
The undersigned certifies I	that the foregoing figur	res are true and is awa	are that if any of the i	oregoing items are fals	e, s/he is subject to punisment.				
Section VII		/			0.1 10 1 11 11				
Prepared by:	James To		/ 1	Title:	School Business Adminis	strator/Brd Sec			
	( /	Print Name	1-1		/10/0010				
	4	Signature	100	Date	5/13/2019				
	/	Olfilatoic							

# Certification

I declare to the best of my knowledge and belief that the attached executed collective negotiations agreement(s) and the included subargaining agreement for the term beginning	
Employer: County: Date:	Now Providence Board of Ed Union 5/13/19 James Testa
Title:	School Bur Admir Bid See.  Signature