# Certification

I declare to the best of my knowledge and belief the	at the attach	ed document(	(s) are true el	ectronic copies	of the
executed collective negotiations agreement(s) and t	the included	summary is a	an accurate as	ssessment of the	collective
bargaining agreement for the term beginning	1/1/10	_ thru <b>6</b>	130/13	•	

Employer:	Englewood Cliffs BOK
County:	Borgen
Date:	6/19/12
Name:	mary Wellel
	Print Name
Title:	SBA
	Many Well
	Signature

Cortified resolution attacked.

# ENGLEWOOD CLIFFS PUBLIC SCHOOLS 143 Charlotte Place

Englewood Cliffs, NJ 07632-2681 Telephone (201) 567-7292 \* FAX: (201) 567-2738

Dominic Mucci Superintendent of Schools

Mary Welfel

Business Administrator/Board Secretary

#### CERTIFIED RESOLUTION

**d. WHEREAS,** the Englewood Cliffs Board of Education (hereinafter referred to as the "Board") and the Englewood Cliffs Education Association (hereinafter referred to as the "ECEA") have negotiated a successor Collective Negotiations Agreement for the 2010-2011, 2011-2012 and 2012-2013 school years (hereinafter referred to as the "CNA"); and

**WHEREAS**, the ECEA has, by a majority vote of its membership, ratified the CNA.

**NOW, THEREFORE, BE IT RESOLVED** that the Board hereby ratifies and approves the terms of the CNA for the 2010-2011, 2011-2012 and 2012-2013 school years, which is attached to this Resolution and made a part hereof; and

**BE IT FURTHER RESOLVED** that the Board hereby authorizes the Board President and the Business Administrator/Board Secretary to execute, on behalf of the Board, the CNA by and between the Board and the ECEA.

#### **ROLL CALL VOTE:**

AYES:

7

NAYS:

0

**ABSTENTIONS:** 

0

#### CERTIFICATION

I hereby certify that the within Resolution was adopted by the Englewood Cliffs Board of Education at a meeting held on July 11, 2011 by majority of the Board.

Mary Welfel

Business Administrator/Board Secretary

Dated: July 12, 2011

## **SUMMARY FORM**

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

Section I: Agreement Deta		1 00	OI A: A	I	Ω		
Public Employer:	Englein	ood Cliv	<u> </u>	-	County:		
Employee Organization	Englewe	and Cliv	ets Educatr	m Assoc.	Employees in Unit: $_{}^{ u}$	48-54 2009-	-10
Base Year Contract Term:	7/1/07	-6/30/10	New Contract Term	7/1/10-	6/30/13	48-54 2010-	П
Type of Settlement:	☐ Mediated Settlern	ent	t-Finder Recommendation	/ / Voluntary S	ettlement 🖂 Supe	r Conciliation	
		·	Column A	No.	Column B	11/15.1	2. 445 -
		Į	Base Year - Total Cost (Last Year of Previous agreen		Base Year - Total Costs Year of Successor agreement)	Actual Emplo SY- 21 (RIF - 10 En *Retirements	yees -
Section II: Economic				S.	255Mg ~	39- 22	110-11
Item 1 Sala	агу	-	<del></del>	<u> </u>	943,791	KIF -10 EA	nployees
	ement	-		<u> </u>	_54,170 _!	Rex Hemonts	•
	gevity—	-					
Item 4		-			· · · · · · · · · · · · · · · · · · ·		
kem 5		-	-	— I —			
Item 7		-					
Item 8		-			· · ·		
Item 9		-					
Item 10		-					
ltem 11		_					
Item 12							
Any additional items list on separate she	eet	Additional Items					
Cartles III. Taxata			270111		2 - 4 5 61 1		
Section III: Totals - Sum of cost	s in each column		<u>3,781,47</u>	<u>~</u>  —	3,000-761		
			(Total)		(Total)		
Section IV: Analysis of new success			NEW AGREEMENT ANA	<u>alysis</u>			
Total Base Year(pravious agreement)	3,781j	<i>470</i>					
Effective Date (m/d/yyyy)	, -	7/1/10	7/1/11 7/	1/15			
Percent increase	***************************************	2017	30/07	19			
Total cost of increase					<del></del>		
Total base salary (successor agreement	0						
Section V: Impact of Settleme	ent - average annual incr	ease over term of agree	ement			,	
Percentage Impact (average per year ov	ver term of agreement)	2,0%					
Dollar Impact (average per year over ten	m of agreement)						
Section VI							
Health insurance (Indicate costs associa	ated on each fine)	2009-10	2010-11				
	<del></del>	Base Year	Year 1				
Cost of Health Plan , , ,		<u>935,77</u> 5	<u>939, 439</u>				
Employee Contributions			<u> 57,296</u>				
Prescription			<del>-</del>		<del></del>	<del></del>	
Vision							
woman programme to the transfer of the transfe				<del></del>	<del></del>	<del></del>	
The undersigned certifies th	at the foregoing figures	are true and is aware	that if any of the foregoing ite	ems are false, s/he is sub	ject to punisment.		
Section VII			1 /				
Prepared by:	<i>N</i>	lary Wel	<u>tel</u>	Title:	58A		
	6	Print Name	ud I		11,01.m		
	·	May W	My -	Date:	6/19/12	<u>.</u>	