

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Wood-Ridge Board of Education County: Bergen
 Employee Organization: Wood-Ridge Administrators Assoc. Employees in Unit: 4
 Base Year Contract Term: 7/1/07-6/30/10 New Contract Term 7/1/10-6/30/13
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1	Salary	<u>459,048</u>	<u>457,725</u>
Item 2	Increment	<u>0</u>	<u>0</u>
Item 3	Longevity	<u>0</u>	<u>0</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>459,048</u> (Total)	<u>457,725</u> (Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) 459,048

Effective Date (m/d/yyyy)	7/1/10	7/1/11	7/1/12
Percent Increase	<u>1.75%</u>	<u>2.5%</u>	<u>2.5%</u>
Total cost of increase	<u>-1323</u>	<u>11,443</u>	<u>11,729</u>
Total base salary (successor agreement)	<u>457,725</u>	<u>469,168</u>	<u>480,897</u>

Section V: Impact of Settlement - average annual increase over term of agreementPercentage Impact (average per year over term of agreement) 2.5Dollar Impact (average per year over term of agreement) 7,283**Section VI**Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	
Cost of Health Plan	<u>44,787</u>	<u>34,388</u>	
Employee Contributions	<u>2,138</u>	<u>3,546</u>	
Prescription	<u>N/A</u>	<u>N/A</u>	
Dental	<u>3,369</u>	<u>3,369</u>	
Vision	<u>N/A</u>	<u>N/A</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:

Thomas J. Peter Title: SAC
 Print Name: _____ Date: 8/21/12
Thomas J. Peter
 Signature: _____