SUMMARY FORM

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

| Section I: Agreement Details Public Employer: New Providence Board of Ed | | | | | County | County: Union | |
|---|--|--------------------------------------|-------------------------|------------------------------------|--------------------------|-----------------------|--|
| Employee Organization | New Providence Custodian and Maintenance Association | | | | | ees in Unil: 23 | |
| Base Year Contract Term: | 6/30/2015 | 6/30/2015 New Contract Term 7/1/2015 | | | | | |
| Type of Settlement: | ☐ Mediated Settle | _ | act-Finder Recommer | _ | Voluntary Settlement | Super Conciliation | |
| | | | T Coll | umo A | Column E | n T | |
| | | | Base Year | - Total Costs evious agreement) | New Base Year - T | Total Costs | |
| Section II: Economic | | | 44.400.007 | | | i | |
| Item 1 Sala | | | \$1,409,337 | | \$1,445,992 | | |
| | ement | | \$2,431 | | \$2,499 \$33,840 | | |
| Line Can | gevity | - | \$32,980 | | \$33,640 | | |
| Item 4 | | _ | | | - | <u></u> | |
| Item 5 | | _ | | | - | | |
| Item 6 | ==== | = | | | | | |
| Item 7 | | _ | | | | | |
| Item 9 | | | | | | | |
| | - | _ | | | - | | |
| Item 10 | | | | | 7 | | |
| Item 12 | | | | | - | | |
| Any additional items list on separate shi | eel | Additional Hems | | | · | *** | |
| | | 0-0-1-0-1 | | | | | |
| Section III: Totals - sum of cost | s in each column | | \$1,444,748 | | \$1,482,331 | | |
| | | | (Total) | | (Total) | | |
| Section IV: Analysis of new success | | | MEMACREI | EMENT ANALYSIS | | | |
| Total Base Year(previous agreement) | \$1,444,748 | | NEW AGICE | LIVILINT ANALTSIS | | | |
| | 31,444,740 | | | | | | |
| Effective Date (m/d/yyyy) | | 7/1/2015 | 7/1/2016 | 7/1/2017 | | | |
| Percent Increase | | 2.6 | 2.4 | 2.4 | | | |
| Total cost of increase | | \$36,655 | \$34,707 | \$35,541 | | | |
| Total base salary (successor agreemen | | \$1,445,992 | \$1,480,699 | \$1,516,240 | | | |
| Section V: Impact of Settlem | ent - average annual i | ncrease over lerm of agr | eement | | | | |
| Percentage Impact (average per year or | ver term of agreement) | 2.47 | | | | | |
| Dollar Impact (average per year over ter | m of agreement) | \$35,634.00 | | | | | |
| Section VI | | | | | | | |
| Health Insurance (Indicate costs associ | ated on each line) | | | | | | |
| Cost of Health Plan | | Base Year | Year / | | | | |
| Employee Contributions | | \$490,773 | \$554,573 | - | | | |
| Prescription | | \$84,858 | \$98,811 | | ====== | | |
| Dental | | \$0 | \$0 | | | | |
| Vision | | \$24,351 \$0 | \$24,351 \$0 | | - | | |
| The undersigned certifies th | nat the foregoing figur | res are true and is awa | re that if any of the i | foregoing items are false | s/he is subject to numer | ment. | |
| Section VII | | | | The raine | July 10 pulls | | |
| Prepared by: | James Te | sta | 1 | Title: | School Rusiness | Administrator/Brd Sec | |
| sparca by. | James 16 | Print Name | A | · ine: | - Delicon Dualifesa | Zammonator/ bru sec | |
| | 1 | aus/ | Perto | Date: | 12/7/2015 | | |
| | | Signature | W/10 - | | | | |

SUMMARY FORM

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

| Section I: Agreement Deta | | | | | | |
|--|--|-------------------------------------|-------------------------|---|--|--------------------|
| Public Employer: | New Providence Board of Education New Providence Education Association- Secretarial Unit | | | | County: Union | |
| Employee Organization | | | | | Employees in Unit: 17 | |
| Base Year Contract Term: | 7/1/2012 | 6/30/2015 New Contract Term 7/1/201 | | | 6/30/201 | 18 |
| Type of Settlement: | ☐ Medialed Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation | | | | | |
| A . | | | Base Year | ımn A - Tolal Costs | Column B New Base Year - Total | |
| | | | (Last Year of Pri | evious agreement) | (First Year of Successor aga | reement) |
| Section II: Economic | | | 0040.004 | | 2007.40 | |
| Item 1 Sal | rement | | \$816,261 | | \$837,487 | |
| | gevity | - | \$950 | | \$950 | |
| Item 4 | gevity | _ | \$930 | | \$300 | |
| Item 5 | | | ==== | ———;: | (A) | |
| Item 6 | | 72 | | | 8-11 | |
| Item 7 | | - | - | | E | |
| Item 8 | | - | | | 2 | |
| Item 9 | | - | - | | N===================================== | |
| ltem 10 | | | | | | |
| Item 11 | | | | | 2 | |
| llem 12 | | | | | | |
| Any additional items list on separate sh | eet | Additional Ilems | | | | |
| Castian III. Tatala | | | 0017.011 | | 4000 40- | |
| Section III: Totals - Sum of cos | ls in each column | | \$817,211 | | \$838,437 | |
| | | | (Т | otal) | (Totał) | |
| Section IV: Analysis of new succes | sor agreement | | NEW AGREE | MENT ANALYSIS | - Line | |
| Total Base Year(previous agreement) | \$817,211 | | | | | |
| | | | | | | |
| Effective Date (m/d/yyyy) | | 7/1/2015 | 7/1/2016 | <u>7/1/2017 </u> | | |
| | | 2.6 | 2.4 | 2.4 | | |
| Total cost of increase | .0 | \$21,226 | \$20,108 | \$20,583 | | |
| Total base salary (successor agreemen | | \$837,487 | \$857,595 | \$878,178 | | |
| Section V: Impact of Settlem | _ | ncrease over term of agi | reement | | | |
| Percentage impact (average per year o | | 2.47 | | | | |
| Dollar Impact (average per year over te | rm of agreement) | \$20,639.00 | | | | |
| Section VI | | | | | | |
| Health Insurance (Indicate costs associ | iated on each line) | | | | | |
| | | Base Year | Year 1 | | | |
| Cost of Health Plan | (00110011110351100110 | \$276,391 | \$312,322 | | | |
| Employee Contributions | | \$26,155 | \$33,887 | | | |
| Prescription Dental | | \$0 | \$0 | 1 0 | | |
| Vision | | \$13,622 | \$13,622 | | | |
| | | \$0 | \$0 | | | |
| The undersigned certifies the | at the foregoing figur | es are true and is awa | re that if any of the f | oregoing items are false | , s/he is subject to punisment | i e |
| Section VII | | | | | | |
| Prepared by: | James Tes | sta | 00 | Title: | School Business Ad | ministrator/Brd Se |
| | | Print Name | 10 | | | |
| | | aus | arto | Date: | 12/7/2015 | |
| | | Signature | | | | |
| | | | | | | |

SUMMARY FORM

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

| Section I: Agreement Detail | | | | | | |
|--|---|-------------------------|-------------------------|------------------------------------|--|---|
| Public Employer: | New Providence Board of Education | | | | County: Union | |
| Employee Organization | New Providence Education Association-Teachers | | | Employees in Unit: 203 | | |
| Base Year Contract Term: | 7/1/2012 6/30/2015 New Contract Term 7/1/2015 | | | 6/30/2018 | | |
| Type of Settlement: | ☐ Mediated Settle | menl | act-Finder Recommer | ndation | Voluntary Settlement Super Co | onciliation |
| | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | ımn A | Column B | |
| | | | | - Total Costs evious agreement) | New Base Year - Total Costs (First Year of Successor agreement) | |
| Section II: Economic | | | | | | |
| Item 1Salar | У | | \$14,711,399 | | \$15,093,938 | |
| Item 2Increi | ment | _ | - | | | |
| Item 3 Longe | evity | _ | \$41,800 | | \$41,800 | |
| Item 4 Stipen | ds- Co Curr/Athletics | - | \$563,987 | | \$578,651 | |
| - | nds- Olher | _ | | | | |
| - | s and paid per hour | | | | | |
| | on use 0% increase | | | | · | |
| | hree years | | - | | | |
| Item 9 | | | | | / | |
| Hem 10 | | | - | T) | | |
| Item 11 | | | - | | · | |
| Item 12 Any additional items list on separate shee | | _ | - | | · | |
| Any additional nems list on separate since | | Additional Items | - | | X====== | |
| Section III: Totals - Sum of costs i | n each column | | \$15,317,186 | | \$15,714,389 | |
| | | | (Total) | | (Total) | |
| | | | , | | 1, | |
| Section IV: Analysis of new successor | agraomoni | | NEW ACRES | MENT ANALYSIS | | |
| Total Base Year(previous agreement) | | , | INCW HOREE | MENT ANALTSIS | | |
| | \$15,317,186 | | | | | |
| Effective Date (m/d/yyyy) | | 7/1/2015 | 7/1/2016 | 7/1/2017 | | |
| Percent Increase | | 2.6 | 2.4 | 2.4 | | |
| Total cost of increase | | \$382,539 | \$362,306 | \$370,833 | | |
| Total base salary (successor agreement) | 000000000000000000000000000000000000000 | \$15,093,938 | \$15,456,244 | \$15,827,077 | 88 &800 | |
| Section V: Impact of Settlemen | nt - average annual in | crease over term of agr | eemenl | | | |
| Percentage Impact (average per year over | lerm of agreement) | 2 47 | | | | |
| Dollar Impaci (average per year over lerm | of agreement) | \$371,893.00 | | | | |
| Section VI | | | | | | |
| Health Insurance (Indicate costs associate | ed an earth free! | | | - | | |
| THE HOLD THE PROPERTY OF STATE | o on each mey | Base Year | Year 1 | | | |
| Cost of Health Plan | | \$3,493,755 | \$3,947,943 | | | |
| Employee Contributions | | \$805,236 | \$908,322 | | | |
| Prescription | | \$0 | \$0 | | | |
| Dentar | -1101014 | \$173,865 | \$173,865 | | | |
| Vissa | | \$0 | \$0 | 30 | | |
| The undersigned certifies that | the foregoing figure | s are true and is awar | e that if any of the fo | oregoing items are false | s/he is subject to punisment | |
| ection VII | |) | | and the second | sine is subject to pullisheric. | |
| Prepared by: | James Tes | la | 1 | Title: | School Business Administrato | r/Brd Sec |
| , , | / | Print Name | 1 | THIS. | | -, 214 000 |
| | | Cery 1 | 26 | Date: | 12/7/2015 | |
| | 1 | Signature | | | | |

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning $\frac{7}{1/2015}$ thru $\frac{6}{30/2018}$.

| Employer: | New Providence Board of Education |
|-----------|---------------------------------------|
| County: | Union |
| Date: | 12/7/2015 |
| Name: | James Testa |
| | Print Name |
| Title: | School Business Administrator/Brd Sec |
| | avy Fort |
| | Signature |