

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: New Providence Board of Education County: Union  
 Employee Organization: New Providence Custodian and Maintenance Association Employees in Unit: 23  
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1,409,337	\$1,445,992
Item 2 ..... <u>Increment</u>	\$2,431	\$2,499
Item 3 ..... <u>Longevity</u>	\$32,980	\$33,840
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 <span style="float:right">Additional Items</span>		
<b>Section III: Totals</b> - Sum of costs in each column	\$1,444,748	\$1,482,331
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,444,748

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 agreement)	\$1,445,992	\$1,480,699	\$1,516,240

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.47  
 Dollar Impact (average per year over term of agreement) \$35,634.00

**Section VI**

*Health Insurance (indicate costs associated on each line)*

	Base Year	Year 1
Cost of Health Plan	\$490,773	\$554,573
Employee Contributions	\$84,858	\$98,811
Prescription	\$0	\$0
Dental	\$24,351	\$24,351
Vision	\$0	\$0

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.*

**Section VII**

Prepared by:

James Testa Print Name  Signature	Title: <u>School Business Administrator/Brd Sec</u> Date: <u>12/7/2015</u>
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**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: New Providence Board of Education County: Union  
 Employee Organization: New Providence Education Association- Secretarial Unit Employees in Unit: 17  
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$816,261	\$837,487
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$950	\$950
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$817,211</u> (Total)	<u>\$838,437</u> (Total)

**Section IV: Analysis of new successor agreement** **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$817,211

Effective Date (m/d/yyyy)	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>
Percent Increase .....	<u>2.6</u>	<u>2.4</u>	<u>2.4</u>
Total cost of increase .....	<u>\$21,226</u>	<u>\$20,108</u>	<u>\$20,583</u>
Total base salary (successor agreement) .....	<u>\$837,487</u>	<u>\$857,595</u>	<u>\$878,178</u>

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.47  
 Dollar Impact (average per year over term of agreement) \$20,639.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1
Cost of Health Plan .....	\$276,391	\$312,322
Employee Contributions .....	\$26,155	\$33,887
Prescription .....	\$0	\$0
Dental .....	\$13,622	\$13,622
Vision .....	\$0	\$0

*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: James Testa Title: School Business Administrator/Brd Sec  
 Signature:  Date: 12/7/2015

**SUMMARY FORM**

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

**Section I: Agreement Details**

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 Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$14,711,399</u>	<u>\$15,093,938</u>
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	<u>\$41,800</u>	<u>\$41,800</u>
Item 4 ..... <u>Stipends- Co Curr/Athletics</u>	<u>\$563,987</u>	<u>\$578,651</u>
Item 5 ..... <u>*Stipends- Other</u>		
Item 6 ..... <u>*Varies and paid per hour</u>		
Item 7 ..... <u>based on use 0% increase</u>		
Item 8 ..... <u>for all three years</u>		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals -</b> Sum of costs in each column	<u>\$15,317,186</u>	<u>\$15,714,389</u>
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$15,317,186</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>	
Percent Increase	<u>2.6</u>	<u>2.4</u>	<u>2.4</u>	
Total cost of increase	<u>\$382,539</u>	<u>\$362,306</u>	<u>\$370,833</u>	
Total base salary (successor agreement)	<u>\$15,093,938</u>	<u>\$15,456,244</u>	<u>\$15,827,077</u>	

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.47  
 Dollar Impact (average per year over term of agreement) \$371,893.00

**Section VI**

*Health Insurance (indicate costs associated on each line)*

	Base Year	Year 1		
Cost of Health Plan	<u>\$3,493,755</u>	<u>\$3,947,943</u>		
Employee Contributions	<u>\$805,236</u>	<u>\$908,322</u>		
Prescription	<u>\$0</u>	<u>\$0</u>		
Dental	<u>\$173,865</u>	<u>\$173,865</u>		
Vision	<u>\$0</u>	<u>\$0</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:

James Testa  
 Print Name  
  
 Signature

Title: School Business Administrator/Brd Sec

Date: 12/7/2015

## 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 7/1/2015 thru 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

  
Signature