

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

Public Employer: Warren Township BOE County: Somerset  
 Employee Organization: WTAIA Warren Township Administrators Assn Employees in Unit: 9  
 Base Year Contract Term: 7/1/11 New Contract Term: 6/30/14  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... Salary	<u>1,126,800</u> <del>1,084,020</del>	<u>1,143,702</u> <del>1,084,020</del>
Item 2 ..... Increment	<u>7000</u>	<u>7000</u>
Item 3 ..... Longevity		
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 - Sum of costs in each column</b>	(Total)	(Total)

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

Total Base Year (previous agreement) \_\_\_\_\_

Effective Date (m/d/yyyy) 7/1/11 7/1/12 7/1/13 \_\_\_\_\_Percent Increase 1.5% 1.3% 1.75% \_\_\_\_\_Total cost of increase 16,902 20,015 20,365 \_\_\_\_\_

Total base salary (successor agreement) \_\_\_\_\_

**Section V: Impact of Settlement - average annual increase over term of agreement**Percentage Impact (average per year over term of agreement) 1.67%Dollar Impact (average per year over term of agreement) 19094**Section VI**Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	
Cost of Health Plan .....			
Employee Contributions .....	<u>Not Applicable</u>		
Prescription .....			
Dental .....			
Vision .....			

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:

Patricia Leonhardt Title: Business Admin  
 Print Name: Patricia Leonhardt Date: 8/14/16  
 Signature: Patricia Leonhardt

## 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 July 1 2014 to June 30 2017

Employer: Warren Township BOE

County: Somerset

Date: 8/13/14

Name: Patricia Leonhardt  
Print Name

Title: Business Administrator

Patricia Leonhardt  
Signature