

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

Public Employer: River D Regional Board of Education Employee Organization River Dell Education Association Secretarial Unit

Base Year Contract Term: 7/1/2008 6/30/2011 New Contract Term 7/1/2011 6/30/2014

Synopsis of Settlement/
Award/Recommendation: Two percent increases per year. Compliance with existing and future New Jersey laws regarding participation in the state health benefits program.

	<u>BASE YEAR</u> <i>(previous agreement)</i>	<u>NEW BASE YEAR</u> <i>(successor agreement)</i>
Salary:	<u>\$37,500.00</u>	<u>\$38,775.00</u>
Increment:	<u>\$1,225.00</u>	<u>\$705.00</u>
% Increase:	<u>6.58%</u>	<u>2.00%</u>
Avg. Yield		
per person in dollars:	<u>\$3,800.00</u>	<u>2582</u>
Uniforms:	<u>\$0.00</u>	<u>\$0.00</u>
Boot/Shoe:	<u>\$0.00</u>	<u>\$0.00</u>
Longevity:	<u>1200</u>	<u>\$1,200.00</u>
Holiday Pay:	<u>\$0.00</u>	<u>\$0.00</u>
Shift Differential	<u>\$0.00</u>	<u>\$0.00</u>
Overtime:	<u>\$0.00</u>	<u>\$0.00</u>
Stipends:	<u>\$0.00</u>	<u>\$0.00</u>
Bonuses:	<u>\$0.00</u>	<u>\$0.00</u>
Education:	<u>\$0.00</u>	<u>\$0.00</u>
EMT:	<u>\$0.00</u>	<u>\$0.00</u>
Other*:	<u>\$0.00</u>	<u>\$0.00</u>

* Additional Costs: *(please list on separate sheet & include in total)*

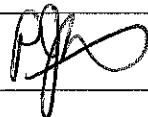
Medical:

Contributions:	<u>0</u>	<u>582</u>
Cost of Health	<u>15000</u>	<u>18000</u>
Prescription	<u>0</u>	<u>0</u>
Dental:	<u>750</u>	<u>750</u>
Vision:	<u>0</u>	<u>0</u>

NEW AGREEMENT ANALYSIS

Effective Date	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	<u>2.00%</u>	<u>2.00%</u>	<u>2.00%</u>	<u>0.00%</u>
Avg. Yield (p/p*)	<u>705</u>	<u>858.16</u>	<u>873.66</u>	
Cost of Increase/:	<u>\$0985</u>	<u>10298</u>	<u>10484</u>	
Impact of Settlement:				
Percentage Impact:	<u>2.00%</u>	<u>2.00%</u>	<u>2.00%</u>	<u>0.00%</u>
Actual dollar Impact:	<u>\$30,985.00</u>	<u>\$10,298.00</u>	<u>\$10,484.00</u>	
TOTAL BASE SALARY AT END OF EACH YEAR	<u>\$38,775.00</u>	<u>\$39,480.00</u>	<u>\$40,201.00</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.

Prepared by: Patrick Fletcher
Print Name 
Signature _____

Title: Superintendent of Schools
Date: 2/14/2012