

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: 24
 Base Year Contract Term: 7/1/2015 6/30/2018 New Contract Term 7/1/2018 6/30/2021
 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>
Section II: Economic		
Item 1 Salary	\$1,469,305	\$1,511,920
Item 2 Increment	\$33,886	\$42,595
Item 3 Longevity	\$2,002	\$3,027
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	\$1,505,193 (Total)	\$1,557,542 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$1,505,193

Effective Date (m/d/yyyy)	7/1/2018	7/1/2019	7/1/2020		
Percent Increase	2.9	2.7	2.5		
Total cost of increase	\$42,615	\$40,827	\$38,821		
Total base salary (successor agreement)	\$1,511,920	\$1,552,747	\$1,591,568		

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

Percentage Impact (average per year over term of agreement) 2.70
 Dollar Impact (average per year over term of agreement) \$40,754.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$513,342	\$564,676			
Employee Contributions	\$101,660	\$112,367			
Prescription	\$0	\$0			
Dental	\$22,001	\$26,731			
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: 10/17/2018

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 7/1/18 thru 6/30/21.

Employer: New Providence Board of Education
County: Union
Date: 10/17/18
Name: JAMES TESTA
Print Name
Title: School Bus. Admin. / Bd Sec.

Signature