

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Mount Olive Township Board of Education County: Morris

Employee Organization: Teamsters Local 97 of NJ Employees in Unit: 50

Base Year Contract Term: 7/1/2011 6/30/2014 New Contract Term: 7/1/2014 6/30/2017

Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <b>Base Year - Total Costs</b> <i>(Last Year of Previous agreement)</i>	Column B <b>New Base Year - Total Costs</b> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1,233,936	\$1,270,954
Item 2 ..... <u>Increment</u>	\$33,558	\$34,565
Item 3 ..... <u>Longevity</u>	\$23,000	\$23,000
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>	\$1,290,494	\$1,328,519
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,290,494			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	
Percent Increase .....	3.1%	3.0	2.9	
Total cost of increase ..	\$40,005	\$39,915	\$39,742	
Total base salary (successor agreement) .....	\$1,330,499	\$1,370,414	\$1,401,156	

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

Percentage Impact (average per year over term of agreement) 3.00

Dollar Impact (average per year over term of agreement) \$39,915.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$608,568	\$572,960			
Employee Contributions .....	\$142,757	\$153,638			
Prescription .....	\$159,347	\$144,390			
Dental .....	\$50,838	\$50,838			
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: Margaret Conroy, SFO Title: Business Administrator

Print Name  
Margaret Conroy  
Signature

Date: 10/13/2014