

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: High Bridge Board of Education County: Hunterdon  
 Employee Organization: High Bridge Teacher's Association Employees in Unit: 58  
 Base Year Contract Term: 7/1/2008 6/30/2011 New Contract Term: 7/1/2011 6/30/2014  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Item 1 ..... <u>Salary</u>	\$3,169,464	\$3,183,052
Item 2 ..... <u>Increment</u>	\$44,520	\$22,407
Item 3 ..... <u>Longevity</u>	\$10,400	\$18,925
Item 4 ..... <u>Tuition Reimbursement</u>	\$0	\$0
Item 5 ..... <u>Extra Curricular</u>	\$38,858	\$38,822
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>	<u>\$3,263,232</u> (Total)	<u>\$3,263,206</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$3,263,232</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>	
Percent Increase .....	0.0%	2.0%	2.0%	
Total cost of increase ...	\$41,322	\$62,844	\$64,101	
Total base salary (successor agreement) .....	\$3,263,206	\$3,328,470	\$3,395,040	

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

Percentage Impact (average per year over term of agreement) 1.4%  
 Dollar Impact (average per year over term of agreement) \$168,267.00

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011

**Section VI**

<i>Health Insurance (indicate costs associated on each line)</i>	Base Year	Year 1			
Cost of Health Plan .....	\$629,311	\$634,913			
Employee Contributions .....	\$40,030	\$70,141			
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: Gail Wojcikowski Title: Bus Admin  
 Signature: Gail Wojcikowski Date: 7/15/12