

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

Section I: Agreement Details

Public Employer: LODI BOARD OF EDUCATION County BERGEN
 Employee Organization: LODI EDUCATION ASSOCIATION Employee in Unit: 238
 Base Year Contract Term: 16-17 New Contract Term: 17-18, 18-19, 19-20

Type of Settlement Medcated Settlement
 Voluntary Settlement

X Fact-Finder Recommendations

Super Conciliation

Section II: Economic

- Item 1..... Salary
- Item 2..... Increment
- 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 Item

Column A Base Year- Total Cost (Last Year of Previous agreement)	Column B New Base Year- Total Cost (First Year of Successor agreement)
16-17	17-18
16,206,266	16,206,266
	382,135
312,000	321,600

Section III Totals - Sum of Cost in each column

(Total)	(Total)
16,518,266	16,910,001

Sections IV: analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	16,518,266			
Effective Date (m/d/yyyy)	7/1/2016	7/1/2017	7/1/2018	7/1/2019
Percent Increase		2.37%	3.00%	2.97%
Total Cost of Increase		391,735	506,802	517,853
Total base salary (successor agreement)	16,518,266	16,910,001	17,416,803	17,934,656

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


Percent impact (average per year over term of agreement) 2.78%
 Dollar impact (average per year over term of agreement) \$472,130

Section VI

<u>Health Insurance (Indicate costs associated on each item)</u>	Base Year	2017-2018
Cost of Health Plan	5,031,018	5,484,407
Employee Contribution.....	(1,008,963)	(1,170,654)
Prescription	1,089,671	1,190,852
Dental.....	276,365	276,365
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 VI

Prepared by Marc A. Capizzi Title: Business Administrator/Board Secretary
 Print Name

 Signature
 Date: 9/20/2018

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 7/1/2017 thru 6/30/2020.

Employer: Lodi Board of Education

County: Bergen

Date: 9/20/2018

Name: Marc A. Capizzi

Print Name

Title: Business Adm/ Board Sec


Signature