

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Lenape Regional H.S. Dist County: Burlington
 Employee Organization: LDEA Employees in Unit: 818
 Base Year Contract Term: 7/1/2011 - 6/30/13 New Contract Term: 7/1/13 - 6/30/16
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs (Last Year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)
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 Items		
Section III: Totals - Sum of costs in each column	(Total)	(Total)

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) _____

Effective Date (m/d/yyyy)	7/1/13	7/1/14	7/1/15	_____	_____
Percent Increase	2.2	2.3	2.4		
Total cost of increase ..					
Total base salary (successor agreement)					

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

Percentage Impact (average per year over term of agreement) 2.3

Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan					
Employee Contributions					
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.