

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Hunterdon Central Regional High School & Flemington-Raritan Regional County: Hunterdon

Employee Organization: Hunterdon Central Bus Drivers Association Employees in Unit: 58

Base Year Contract Term: 7/1/2011 6/30/2015 New Contract Term 7/1/2015 6/30/2018

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 <u>Salary</u> | \$1,349,636 | \$1,383,374 |
| Item 2 <u>Increment</u> | | |
| Item 3 <u>Longevity</u> | | |
| 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 | \$1,349,636 | \$1,383,374 |
| | (Total) | (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$1,349,636

| Effective Date (m/d/yyyy) | 7/1/2015 | 7/1/2016 | 7/1/2017 |
|---|-------------|-------------|-------------|
| Percent Increase | 2.5 | 2.5 | 2.5 |
| Total cost of increase .. | \$33,738 | \$34,589 | \$35,410 |
| Total base salary (successor agreement) | \$1,393,374 | \$1,417,963 | \$1,453,373 |

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

Percentage Impact (average per year over term of agreement) 2.50

Dollar Impact (average per year over term of agreement) \$34,579.00

Section VI

Health Insurance (indicate costs associated on each line)

| | Base Year | Year 1 |
|------------------------------|-----------|-----------|
| Cost of Health Plan | \$674,350 | \$674,350 |
| Employee Contributions | \$37,711 | \$37,212 |
| Prescription | \$189,999 | \$174,846 |
| Dental | \$49,765 | \$49,765 |
| 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: Gymlyn Corbin Title: Business Administrator

Gymlyn Corbin Signature Date: 9/11/2015