

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Linwood City School District County: Atlantic  
 Employee Organization: Linwood Principals and Supervisors Association Employees in Unit: 4  
 Base Year Contract Term: Newly Organized New Contract Term 7/1/2009 6/30/2012  
 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>
<b>Section II: Economic</b>		
Item 1 ..... Salary	422,507	439,408
Item 2 ..... Increment <u>n/a</u>		
Item 3 ..... Longevity <u>n/a</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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>422,507</u> (Total)	<u>439,408</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)			
Effective Date (m/d/yyyy)	<u>09/10</u>	<u>10/11</u>	<u>11/12</u>
Percent Increase	<u>4%</u>	<u>3.75%</u>	<u>3.5%</u>
Total cost of increase	<u>16,901</u>	<u>16,477</u>	<u>15,956</u>
Total base salary (successor agreement)	<u>439,408</u>	<u>455,885</u>	<u>471,841</u>

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

Percentage Impact (average per year over term of agreement) \_\_\_\_\_  
 Dollar Impact (average per year over term of agreement) \_\_\_\_\_


**Section VI**

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

	Base Year	Year 1	YR2	YR3
Cost of Health Plan	0	0	0	0
Employee Contributions	0	0	0	0
Prescription	8.5%	8.5%	8.5%	8.5%
Dental	20%	20%	20%	20%
Vision	\$175	\$175	\$175	\$175

*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: Teri J. Weeks Title: School Business Administrator  
  
 Signature

Date: 5/22/2012

*Note: 1st organized 7-1-2009*

## 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 7-1-2009 thru 6-30-2012.

Employer: Linwood City School District  
County: Atlantic  
Date: 5-22-12  
Name: Teri J. Weeks  
Print Name  
Title: School Business Admin  
  
Signature