

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Black Horse Pike Regional School District County: Camden  
 Employee Organization: Supervisors Employees in Unit: 14  
 Base Year Contract Term: 7/1/2012 New Contract Term 6/30/2015  
 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 ..... <u>Salary</u>	\$921,029	\$857,212
Item 2 ..... <u>Increment</u>	\$41,000	\$17,144
Item 3 ..... <u>Longevity</u>	\$6,750	\$6,000
Item 4 ..... <u>Tuition Reimbursement</u>		
Item 5 ..... <u>Summer Pay</u>	\$96,203	\$111,672
Item 6 ..... <u>two new hires</u>		\$227,772
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>\$1,064,982</u>	<u>\$1,219,800</u>
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$1,064,982</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2012</u>	<u>7/1/2013</u>	<u>7/1/2014</u>	
Percent Increase .....	<u>2.0%</u>	<u>2.15%</u>	<u>2.25%</u>	
Total cost of Increase ..	<u>\$17,144</u>	<u>\$23,696</u>	<u>\$25,331</u>	
Total base salary (successor agreement) .....				

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

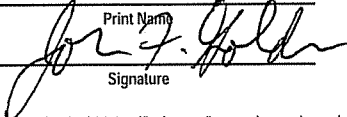
Percentage Impact (average per year over term of agreement) 2.13  
 Dollar Impact (average per year over term of agreement) \$22,756.00

**Section VI**

	Base Year	Year 1			
<i>Health Insurance (indicate costs associated on each line)</i>					
Cost of Health Plan .....	\$87,053	\$111,336			
Employee Contributions .....	\$0	\$17,182			
Prescription .....	\$25,259	\$26,016			
Dental .....	\$10,944	\$10,128			
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: John F. Golden Title: Superintendent  
  
 Signature Date: 10/15/2012