SUMMARY FORM

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

| Public Employer: | Bridgewater-Raritan Regional School District Bridgewater-Raritan Transportation Association | | | | | County: Somerset Employees in Unit: 20.75 | | |
|---|--|---------------------------|-------------------------|-------------------------|---|---|--------------|--|
| Employee Organization | | | | | | | | |
| Base Year Contract Term: | 7/1/10 to 6/30/13 New Contract Term 7/1/15 | | | | | | | |
| Type of Settlement: | Mediated Settlement ☐ Fact-Finder Recommendation ☐ Super Concili | | | | | | Conciliation | |
| | | | | | , | 🗀 उर्गा | | |
| | | | | mn A Total Costs | New Base | Column B Year - Total Costs | | |
| | | | | evious agreement) | (First Year of | Successor agreement) | 1 | |
| Section II: Economic | | | 1011 | 200 | 110- | أدره | | |
| Item 1 Sal | | | 484,1 | <u> </u> | <u>495</u> | ,019 | | |
| | ement | | | | | | | |
| | gevity | | | | • | | | |
| Item 4 | | | ļ | 1 | | | | |
| Item 5 | | | l | | | | | |
| Item 6 | | | | | | | | |
| Item 7 | | _ | | <u> </u> | | | | |
| Item 8 | | | | | | | | |
| Item 9 | | | | | | | | |
| Item 10 | | - | | | | | | |
| - | | ****** | | | | | | |
| Any additional items list on separate sh | oot . | Additional Items | | | | | | |
| 7 any additional fichia has on separate an | | Additional items | | | | | ı | |
| Section III: Totals - Sum of costs in each column | | 484,358 | | 495,014 | | | | |
| | | | | otal) | | | ı | |
| | | | ''' | nai) | (| Total) | ı | |
| C | | | | | | | | |
| Section IV: Analysis of new success Total Base Year(previous agreement) | or agreement 484, 35 | -q | <u>NEW AGREE</u> | MENT ANALYSIS | | | | |
| rotal bass real(previous agreement) | 104,3 | | | | | | | |
| Effective Date (m/d/yyyy) | | 7/1/13 | 7/1/14 | 7/1/15 | | | | |
| Percent Increase | | 2.2% | 2.2% | 2.2% | | - | | |
| Total cost of increase | | 10,656 | 10,890 | 11,130 | | - | | |
| Total base salary (successor agreemen | t) | 495,014 | 505,904 | 517,034 | W | - | | |
| Section V: Impact of Settlem | ent - average annual i | ncrease over term of agre | | | | | | |
| Percentage Impact (average per year o | | 2.2% | | | | | | |
| Dollar Impact (average per year over te | rm of agreement) | 10,892 | | | | | | |
| | | 10/012 | | | | | | |
| Section VI | | | | | | | | |
| Health Insurance (Indicate costs associ | ated on each line) | Base Year | Year 1 | | | | | |
| Cost of Health Plan | *************************************** | 363,226 | 363,226 | | | | | |
| Employee Contributions | | 9,988 | 15,001 | | | - | | |
| Prescription | | | | | | - | | |
| Dental | *************************************** | | | | | | | |
| Vision | ••••• | | | | | | | |
| The undersigned certifies the | at the foregoing figur | es are true and is awar | e that if any of the fo | regoing items are false | e. s/he is subject to | nunisment | | |
| Section VII | | | | northe are idise | g sittle is subject to | рананснь | | |
| Prepared by: | Peter F. S | tarrs 1 | | Title: | Business Ad | lministrator | | |
| | | Print Name | | itue. | Duomicos At | | | |
| | f- | 7-tz | | Date: | 9/16 | 113 | | |
| | | Signature | | -310. | 1.0 | 1,7 | - | |