## **SUMMARY FORM**

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

Policy Englyse   County   Allantic	Section I: Agreement I  Public Employer:	Polsom Board o	of Education			01	Atlantic	
Section III: Totals - san of case is each cases   Section III: Totals - san of case is each cases   Section III: Totals - san of case is each case   Section III: Totals - san of case   Sec	Employee Organization	Folsom Educati	Folsom Education Association Certificated Staff					
Mediated Settlement	Base Year Contract Term	n: 7/1/2012	6/30/2015	Now Co.	otroet To 7/1/201			
Section II: Economic   Section   S	Type of Settlement:	☐ Mediated Se				-/0-/-	Super Conciliation	
Section IV: Assigned sheet   Section IV: As			7	Base Yea	r - Total Costs	New Base Year - To	otal Costs	
Rem 2								
Social State   Soci		Salary		\$2,447,640		\$2,519,787		
Section   Sect	<del>-</del>			\$56,485		\$57,885		
Riem 5 . Tuilion Reimbursement S10,000 S10,000 S104,000 S104,000 S27,938 S13,000 S104,000 S10				\$7,250		\$8,750		
ST3,000   ST3,	100.00001 00-00.000000000			\$23,103		\$27,938		
Rem 7   Rem 8   Rem 10   Rem 11   Rem 12   Rem 12   Rem 13   Rem 14   Rem 15   Rem		uition Reimbursement		\$10,000		\$13,000		
Rem 8								
Rem 10   Rem 11   Rem 10   Rem 10   Rem 10   Rem 11   Rem 12   Rem 12   Rem 13   Rem 14   Rem 15   Rem 16 corts in sech column   S2,544,478   S2,627,360   (Total)   (Tot								
	Section 1997		<del>-</del>		(8)			
Rem 12   Additional flams list on separate sheet								
Rection III: Totals - Sum of costs in each column    S2,544,478	_							
Additional illems ist on separate sheet	10 12 (A-1000) (4-00)							
Section III: Totals - Sum of costs in each column   S2,544,478					_			
Cital   Cital   Cital   Cital   Cital	Any additional items list on separate	sheet	Additional Items	_				
Cection IV: Analysis of new successor agreement    NEWAGREEMENT ANALYSIS	Section III: Totals . s							
	Section III. Totals - Sum of c	costs in each column		\$2,544,478		\$2,627,360		
Total Base Year/previous agreement    S2,544,478				(1)	otal)	(Total)		
Total Date (mid/yyyr)	Section IV: Analysis of new succe	essor agreement		NEWACDEE	MENT ANALYSIS			
Percent Increase				NEW AGREE	MENT ANALYSIS			
Percent Increase	Effective Date (m/d/seev)							
Total cost of increase   \$73,647   \$82,177   \$91,375			7/1/2015	7/1/2016	7/1/2017			
S73,647   \$82,177   \$91,375			3%	3.25%	3.5%			
S2.519.761 \$2.601,714 \$2.692,839  ection V: Impact of Settlement - average annual increase over term of agreement  Percentage impact (average per year over term of agreement)  3.25  Dottar impact (average per year over term of agreement)  \$82,399.67   Base Year Year 1  \$804,000 \$901,980  Simployee Contributions \$80,000 \$104,000  Prescription  \$55,212 \$56,592  Soo \$4,966  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, sfile is subject to punisment.  Cition VII  Print Name  Date: 12/9/15		200	\$73,647	\$82,177	\$91,375			
Percentage Impact (average per year over term of agreement)  S82,399.67  S82,399.67  S82,399.67  S82,399.67  S82,399.67  S82,399.67  S83,399.67  S83,3			And the second second second		\$2,692,839			
Section VI  Section VI  Section VI  Section VI  Section Market (severage per year over term of agreement)  Section Market (severage per year over term of agreement)  Section Market (severage per year over term of agreement)  Section VI  Section V			crease over term of agree	ment				
Ease Year Year 1 Section VI  Base Year Year 1 Section Sect			3.25					
Base Year Year 1  S804,000 \$901,980  Seringleyee Contributions \$80,000 \$104,000  Prescription \$55,212 \$56,592  Soo \$4,966  Stee undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, sfine is subject to punisment.  Cition VII  Trepared by:  Source Steel St	Dollar Impact (average per year over t	erm of agreement)	\$82,399.67					
Cost of Health Plan S804,000 \$901,980   S80,000 \$104,000   S80,000 \$104,000   S901,980   S80,000 \$104,000   S901,980   S9	ection VI							
Cost of Health Plan S804,000 \$901,980   S80,000 \$104,000   S80,000 \$104,000   S901,980   S80,000 \$104,000   S901,980   S9	Health Insurance (Indicate costs associ	ciated on each line)						
Semployee Contributions S80,000 S104,000 S104,00			Base Year	Year 1				
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, sthe is subject to punisment.  Cition VII  Trepared by:  Print Name  Date: 12/9/15			\$804,000	\$901,980				
S55,212 \$56,592  \$0 \$4,966  The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punisment.  Cotion VII  Trepared by:  Print Name  Date: 12/9/15			\$80,000	104,000				
\$55,212 \$56,592 \$0 \$4,966  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 punisment.  ction VII  repared by:    Christian   Chris								
the undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punisment.  Cition VII  repared by:  Print Name  Date: 12/9/15			\$55,212	556,592				
repared by:  Christiples Varazuni Print Name  Date: 12/9/15	ision		\$0	64,966				
repared by:  Christiples Varazuni Print Name  Date: 12/9/15	he undersigned certifies th	hat the foregoing figure	S are true and is aware th	nat if any of the for	agoing itams 5-1-			
repared by:  Christiple Varación:  Print Name  Date: 12/9/15	ction VII		and is awale if	iat ii arry Of the for	eyoing items are false, sh	ne is subject to punisment.	(	
Print Name  Date: 12/9/15	51000F070-11-10-17-70-1	// /		/- 1		<i>a A</i>	/ /	
Date: /2/9/15	,,		Print Name	1Prozeno	Title:	Sisiness Ho	/min	
			2011			12/2/	,	
		-	Signature	_	Date:	10/7/18		
						/ /		