SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	Atlantic County Special Services School District Atlantic County Special Services Education Association				County: Atlantic Employees in Unit: 281	
Employee Organization						
Base Year Contract Term:	7/1/2010 6/30/201		New Contract Term			
Type of Settlement:	☐ Mediated Settle	ement	act-Finder Recommendation		Voluntary Settlement Super Conciliation	
*		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic						
Item 1 Salary		\$13,485,275		\$13,754,980		
Item 2 Inci	rement		\$228,013		\$269,705	
Item 3 Longevity			\$211,225		\$211,225	
Item 4		_				
Item 5		_				
Item 6			-			
Item 7		_				
Item 8					-	
Item 9		_				
Item 10						
Item 11		_				
Item 12						
Any additional items list on separate sh	eet	Additional Items				
Section III: Totals - Sum of costs in each column			\$13,924,513		\$14,235,910	
			(Total)		(Total)	
Section IV: Analysis of new succes	sor agreement		NEW AGREE	MENT ANALYSIS	<u> </u>	
Total Base Year(previous agreement)	\$13,924,51	3				
Effective Date (m/d/sees)						
Effective Date (m/d/yyyy) Percent Increase		7/1/2013	7/1/2014	7/1/2015		
Total cost of increase		2.0%	2.25%	2.25%		
Total base salary (successor agreemen	in	\$269,705	\$309,487	\$316,450		
27 - 1 - 1 - 20 - 21 - 21 - 21 - 21 - 21 -	* 2010APVACTOSHO DESSAVACE ALS	\$13,754,980	\$14,064,467	\$14,380,917		
Section V: Impact of Settlem Percentage Impact (average per year o			eement			
Dollar Impact (average per year over te		2.17				
Domai ilipace (average per year over te	an or agreement	\$895,642.00				
Section VI			1)			
Health Insurance (Indicate costs associ	iated on each line)		Monor			
Cost of Health Plan		Base Year \$3,503,355	Year 1 \$3,741,441			
Employee Contributions		\$198,872	\$226,644			
Prescription		\$960,328	\$1,028,625			
Dental		\$188,868	\$184,305	-		
Vision						
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The undersigned certifies the	ial the toregoing figur	es are true and is awar	e cnat if any of the fo	oregoing items are fals	ie, s/ne is subject to punism	<u>ient.</u>
Section VII Prepared by:	L15	A Moon Print Name	cy_	Title	9011	
	disu) Moon	m	Date	11-12-1	4
		Signature	J			