New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#									
	SECTION I: Parties	and Term of Cont	racts							
1	Public Employer: De	Public Employer: Delaware Valley Reg High School			County: Hunterdon					
2	Employee Organization: Delaware Valley Reg Admin Assn			Number of Employees in Unit: 5						
3	Base Year Contract Te	Base Year Contract Term: 7/1/2014-6/30/2017			New Contract Term: 7/1/2017-6/30/2020					
-	SECTION II: Type of Contract Settlement (please check only one)									
4	Contract settled without neutral assistance									
5	Contract settled with assistance of mediator									
6	Contract settled with assistance of fact-finder									
7	Contract settled with assistance of super-conciliator									
8	If contract was settled	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?								
	Yes No No									
	SECTION III: Salary Base									
		The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which								
	the parties negotiate the salary increases.									
9	Salary Costs in Base Y	ear	\$ 633,585							
10	Longevity Costs in Base Year		\$ 0							
11	Total Salary Base § 633,585									
	SECTION IV: Salary Increases for Each Year of New Agreement*									
		Year 1	Year 2	Year 3	Year 4	Year 5				
12	Effective Date (month/day/year)	7/1/2017	7/1/2018	7/1/2019						
13	Cost of Salary Increments (\$)	7,849	7,945	8,045						
14	Salary Increase Above Increments (\$)	11,099	11,571	12,056						
15	Longevity Increase (\$)	0	0	0						
16	Total \$ Increase (sum of lines 13-15)	18,948	19,516	20,101						
17	New Salary Base (\$)	652,533	672,049	692,150						
18	Percentage increase over prior year	3.0 %	3.0 %	3.0 %	<u> </u>	%				

^{*}If contract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	<i>Year 1</i> Increase (\$)	<i>Year 2</i> Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Cell Phone Reimb	0	3,000	0	0		
	Classroom Coverage	\$32/hr-\$47/hr					
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					-		
20	Totals(\$):	0	3,000				

^{*}If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs Base Year Year 1 s 44,310 21 Health Plan Cost 12,772 22 **Prescription Plan Cost** \$ 2,927 23 **Dental Plan Cost** s 534 24 Vision Plan Cost 60,543 25 **Total Cost of Insurance** \$ 21,190 26 **Employee Insurance Contributions** _% 35 35 27 Employee Contributions as % of Total Insurance Cost

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