SUMMARY FORM

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

Rem 7	Section I: Agreement Deta	ils						
Section	Public Employer: Dumont Board of Education County: Bergen							
Type of Settlement	Employee Organization	Dumont Custodial	and Maintenance	Association		Employees in Unit: 30		
Column A Base Test - Total Costs Float Price of Process of greatment	Base Year Contract Term:	7/1/2009 6/30/2012		New Contract Term				
Section II: Economic Section III: Economic Section II: Economic Section III: Economic Section II: Economic Section III: Economic Section II	Type of Settlement:	☐ Mediated Settlement ☐ F		act-Finder Recommendation		Voluntary Settlement Super Conciliation		
Class Tear of Previous agreement SFEN Your of Saccessor agreement				Colu	umn A	Column E	3	
State Stat								
Rem 2	Section II: Economic							
So	Item 1 Sal	ary	_	\$1,372,743		\$1,411,180		
Rem 4	Item 2 Inc	rement	_					
Rem 5	The second secon	gevity	_	\$0		\$0		
Rem 6 Rem 7 Rem 8 Rem 9 Rem 10 Rem 11 Rem 12 Rem 12 Rem 14 Rem 15 Rem 15 Rem 15 Rem 15 Rem 15 Rem 15 Rem 16 Rem 16 Rem 16 Rem 17 Rem 16 Rem 17 Rem 16 Rem 17 Rem 17 Rem 17 Rem 18 Rem 18 Rem 19 Rem 1	Item 4		_					
Rem 7	Item 5		_					
Rem 8 Rem 9 Rem 10 Rem 10 Rem 11 Rem 12 Rem	Item 6		_					
Rem 10	Item 7		_					
	Item 8		_					
Rem 17 Rem 12 Rem 12 Rem 12 Rem 12 Rem 12 Rem 12 Rem 13 Rem 14 Rem 15 Rem 15 Rem 16 Rem 16 Rem 16 Rem 17 Rem 17 Rem 18 R	Item 9		_					
Additional Hermis 12 Section III: Totals - Sum of coats in each column	Item 10		_					
Section IV: Analysis of new successor agreement S1,372,743 (Total) (Total)	Item 11		_					
Section III: Totals - sum of costs in each column	Item 12							
Total Section IV: Analysis of new successor agreement S1,372,743	Any additional items list on separate si	neet	Additional Items					
Total Section IV: Analysis of new successor agreement S1,372,743						******		
Section IV: Analysis of new successor agreement S1,372,743	Section III: Totals - Sum of costs in each column			\$1,372,743		\$1,411,180		
Effective Date (mid/vvvv)					Total)	(Total)		
Effective Date (mid/vvvv)	Section IV: Analysis of new success	serv anraement		NFW AGRE	FMENT ANALYSIS			
Effective Date (m/d/vyvy)				new rione.	EINEITT THAT E TOTO			
Percent Increase 2.8 2.5 2.3		\$1,372,743						
Percent Increase 2.8 2.5 2.3	Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/2014			
Total base salary (successor agreement) Sal,411,180 \$1,411,180 \$1,446,459 \$1,479,728 Section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) Section VI Fleath Insurance (Indicate costs associated on each line) Base Year Year 1 Cost of Health Plan. \$455,225 \$514,406 Employee Contributions \$0 \$17,990 Prescription. Dental \$37,555 \$39,728 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. Section VII Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013	Percent Increase							
Section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) 2.53 Dollar Impact (average per year over term of agreement) Section VI **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. Section VII Prepared by: Kevin Cartotto \$1,411,180 \$1,446,459 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$1,479,728 \$2.53 \$2	Total cost of increase							
Section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) Dolar Impact (average per year over term of agreement) Section VI Health Insurance (Indicate costs associated on each line)	Total base salary (successor agreeme	nt)						
Percentage Impact (average per year over term of agreement) 2.53 Dolar Impact (average per year over term of agreement) Section VI The attributions Prescription Dental \$37,555 \$39,728 Vision The 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. Section VII Prepared by: Kevin Cartotto Print Name Date: 10/4/2013	Section V: Impact of Settler	nent - average annual in						
Dollar Impact (average per year over term of agreement) Section VI Health Insurance (Indicate costs associated on each line) Base Year Year 1 Cost of Health Plan \$455,225 \$514,406 Employee Contributions \$0 \$17,990 Prescription Dental \$37,555 \$39,728 Vision 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. Section VII Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013								
Section VI Health Insurance (Indicate costs associated on each line) Base Year Year 1 Cost of Health Plan \$455,225 \$514,406 Employee Contributions \$0 \$17,990 Prescription Dental \$37,555 \$39,728 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 punisment. Section VII Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013	Dollar Impact (average per year over t	erm of agreement)		-				
Health Insurance (Indicate costs associated on each line)			\$30,002.00					
Cost of Health Plan \$455,225 \$514,406 Employee Contributions \$0 \$17,990 Prescription	Section VI							
Section VII Prepared by: Kevin Cartotto Frint Name Substitute Substitut	Health Insurance (Indicate costs associated)	ciated on each line)						
Employee Contributions \$0 \$17,990 Prescription			Base Year	Year 1				
Prescription Dental \$37,555 \$39,728 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 punisment. Section VII Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013	Cost of Health Plan		\$455,225	\$514,406				
Section VII Prepared by: Kevin Cartotto Print Name Say, 555 \$39,728 Say, 728 Sa	Employee Contributions		\$0	\$17,990				
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. Section VII Prepared by: Kevin Cartotto Print Name Date: 10/4/2013	Prescription							
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. Section VII Prepared by: Kevin Cartotto Print Name Date: 10/4/2013	Dental		\$37,555	\$39,728				
Section VII Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013	Vision)-					
Section VII Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013	The undersigned certifies	hat the foregoina figur	res are true and is awa	are that if any of the	foregoing items are false	e, s/he is subject to punisi	ment.	
Prepared by: Kevin Cartotto Title: Business Administrator Print Name Date: 10/4/2013		oragening riqui		,			_	
Print Name Date: 10/4/2013		Kevin Car	totto		Title:	Business Admin	istrator	
Date: 10/4/2013	, repared by.	Kevin car			-			
			8		Date:	10/4/2013		
			Signature		•			