

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Wood-Ridge Board of Education County: Bergen  
Employee Organization: Wood-Ridge Education Association Employees in Unit: 118  
Base Year Contract Term: 7/1/2009-6/30/2011 New Contract Term: 7/1/2011-6/30/2014  
Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1 .....	Salary	<u>5,913,092</u>	<u>6,031,237</u>
Item 2 .....	Increment	<u>138,962</u>	<u>135,255</u>
Item 3 .....	Longevity	<u>16,705</u>	<u>16,944</u>
Item 4 .....	<u>tuition reimbursement</u>	<u>40,000</u>	<u>20,000</u>
Item 5 .....	<u>extra-curricular</u>	<u>64,834</u>	<u>64,834</u>
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		<u>6,173,593</u>	<u>6,268,270</u>
		(Total)	(Total)

**Section IV: Analysis of new successor agreement** **NEW AGREEMENT ANALYSIS**

Total Base Year(previous agreement)	<u>6,173,593</u>		
Effective Date (m/d/yyyy)	<u>7/1/11</u>	<u>7/1/12</u>	<u>7/1/13</u>
Percent Increase .....	<u>2%</u>	<u>2%</u>	<u>2%</u>
Total cost of increase .....	<u>94,677</u>	<u>116,321</u>	<u>123,020</u>
Total base salary (successor agreement) .....	<u>6,268,270</u>	<u>6,384,591</u>	<u>6,507,611</u>

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)  
2%  
Dollar Impact (average per year over term of agreement)  
111,339

**Section VI**

Health Insurance (Indicate costs associated on each line)			
	Base Year	Year 1	
Cost of Health Plan .....	<u>1,391,344</u>	<u>1,421,263</u>	
Employee Contributions .....	<u>59,114</u>	<u>112,090</u>	
Prescription .....	<u>N/A</u>	<u>N/A</u>	
Dental .....	<u>108,009</u>	<u>115,048</u>	
Vision .....	<u>N/A</u>	<u>N/A</u>	

*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 punishment.*

**Section VII**

Prepared by: Thomas J. Peter Title: SBA  
Print Name: Thomas J. Peter Date: 8/21/12  
Signature: Thomas J. Peter