

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Gloucester County Improvement Authority County: Gloucester
Employee Organization: 21SW - SOLID WASTE COMPLEX Employees in Unit: _____
Base Year Contract Term: 1-1-10 12-31-12 New Contract Term: 1-1-13 12-31-15
Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

Section II: Economic	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1 Salary	<u>1009627.42</u>	<u>1032115.97</u>
Item 2 Increment	<u>0</u>	<u>0</u>
Item 3 Longevity	<u>0</u>	<u>0</u>
Item 4		
Item 5		
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		
	(Total) <u>1009627.42</u>	(Total) <u>1032115.97</u>

Section IV: Analysis of new successor agreement

Total Base Year (Previous agreement) 1009627.42

NEW AGREEMENT ANALYSIS

Effective Date (month/year)

1-1-13 1-1-14 1-1-15

Percent Increase

20% 20% 20%

Total cost of increase

20192.54 209639 21008.31

Total base salary (successor agreement)

1032115.97 1053712.36 1073720.67

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

Percentage Impact (average per year over term of agreement)

Dollar Impact (average per year over term of agreement)

Section VI

Health Insurance (Indicate costs associated in each line)

Base Year
340,036 340,536
14682.44

Cost of Health Plan

Employee Contributions

Prescription

Dental

Vision

The undersigned certifies that the foregoing figures are true and he aware that if any of the foregoing items are false, she is subject to punishment.