

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section II: Agreement Details**

Public Employer: Gloucester County Employment Authority County: Gloucester
 Employee Organization: UFCW - LEAD/GROUP TEACHERS Employees in Unit: 10
 Base Year Contract Term: 1-1-09 12-31-12 New Contract Term: 1-1-13 12-31-17

Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		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>429034.00</u>	<u>437614.68</u>
Item 2	Increment		<u>0</u>
Item 3	Longevity		<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		<u>429034.00</u> <small>(Total)</small>	<u>437614.68</u> <small>(Total)</small>

Section IV: Analysis of new successor agreement

Total Base Year (previous agreement) 429034.00

NEW AGREEMENT ANALYSIS**Effective Date (month/year)**

1-1-13

1-1-14

1-1-15

1-1-16

1-1-17

Percent Increase

2%

2%

2%

2%

Total cost of increase

8580.68

8752.29

8927.33

9105.87

Total base salary (successor agreement)

437614.68

446316.97

455294.80

469400.17

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)

8931

Section VI**Health Insurance (Health costs recorded on each line)**

	Base Year	Year 1	Year 2	Year 3	Year 4	Year 5
Cost of Health Plan	<u>172715</u>	<u>1770228</u>				
Employee Contributions		<u>6729.37</u>				
Prescription						
Dental						
Vision						

I, the undersigned certifies that the foregoing figures are true and I agree that if any of the foregoing items are false, I am subject to punishment.