

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: RANDOLPH TOWNSHIP County: Morris
 Employee Organization: TEAMSTERS Employees in Unit: 30
 Base Year Contract Term: 1/1/2015 12/31/2017 New Contract Term: 1/1/2018 12/31/2020
 Types of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 Salary	\$1,460,837	\$1,493,410
Item 2 Increment	\$0	\$0
Item 3 Longevity	\$0	\$0
Item 4 Tools	\$1,800	\$1,800
Item 5 Extra Curricular	\$0	\$0
Item 6 Merit Bonus	\$23,000	\$18,650
Item 7 Shoe Allowance	\$8,250	\$8,250
Item 8 Pay Full Salary on WIC	\$0	\$5,737
Item 9 Base Insurance Plan Adj		
Item 10 Reduce New Employee Hea		
Item 11 Ins. Contribution From 30%		
Item 12 To Chapter 78 Rates		
Any additional items list on separate sheet Additional Items		\$2,708
Section III: Totals - Sum of costs in each column	\$1,493,887 (Total)	\$1,530,555 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$1,493,887</u>			
Effective Date (m/d/yyyy)	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>1/1/2019</u>	<u>1/1/2020</u>
Percent Increase	<u>0%</u>	<u>2.455%</u>	<u>2.346%</u>	<u>2.439%</u>
Total cost of increase		<u>\$36,668</u>	<u>\$35,913</u>	<u>\$38,210</u>
Total base salary (successor agreement)	<u>\$1,493,887</u>	<u>\$1,530,555</u>	<u>\$1,566,468</u>	<u>\$1,604,678</u>

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

Percentage Impact (average per year over term of agreement) 2.413%
 Dollar Impact (average per year over term of agreement) \$36,930.00

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011

Section VI

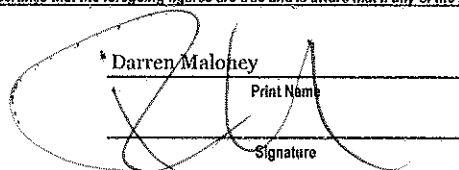
Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan	\$647,664	\$626,664		
Employee Contributions	\$97,318	\$92,538		
Prescription				
Dental	\$31,868	\$29,388		
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 punishment.

Section VII

Prepared by:

* Darren Maloney
 Print Name

 Signature

Title: CFO

Date:

9-7-19