SUMMARY FORM

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

| ection I: Agreement Details | | | | |
|--|---|--|--|-----------------|
| Public Employer: Ocean Cot | unty Board | <u>of Chosen Freeh</u> | olders County: Oc | ean |
| Employee Organization OPEIU Lo | ocal #32, I | nformation Tech | nology Employees in Unit: _ | 21 |
| Base Year Contract Term: 4/12011- | -3/31/2014 | New Contract Term 4/1/ | 2014-3/31/2017 | |
| | | | _ | er Conciliation |
| Type of Settlement: Mediated Settl | iement race | inder recommendation | a voluntary octation and | |
| | | Column A | Column B | |
| | | Base Year - Total Costs (Last Year of Previous agreement) | New Base Year - Total Costs (First Year of Successor agreement) | |
| ection II: Economic | <u> </u> | | | 1 |
| Item 1 Salary | | | | . |
| Item 2 Increment | | | | . |
| Item 3 Longevity | | | | |
| Item 4 | | | | |
| Item 5 | . | | | |
| Item 6 | . | | | - |
| Item 7 | | | | - |
| Item 8 | - | | | - |
| Item 9 | <u> </u> | | | - |
| Item 10 | - | | | - |
| Item 11 | <u> </u> | | | - |
| Item 12 | Additional Items | | | - |
| Any additional items list on separate sheet | Applications | | | <u>- </u> |
| Section III: Totals - Sum of costs in each column | | | | _ |
| | k ' | | | |
| | | (Total) | (Total) | |
| | | (Total) | (Total) | |
| SECTION IV: Analysis of new successor surrement | | (Total) NEW AGREEMENT ANALYSIS | (Total) | |
| Section IV: Analysis of new successor agreement Total Base Year(previous agreement) | | | (Total) | |
| | | NEW AGREEMENT ANALYSIS | | |
| | | NEW AGREEMENT ANALYSIS 4/1/2015 4/1/2 | (Total) | |
| Total Base Year/previous agreement) Effective Date (m/d/yyw) Percent Increase | | NEW AGREEMENT ANALYSIS | | |
| Total Base Year(previous agreement) Effective Date (m/d/yyyy) Percent increase Total cost of ecrease | | NEW AGREEMENT ANALYSIS 4/1/2015 4/1/2 | | |
| Total Base Year(previous agreement) Effective Date (m/d/yyyy) Percent Increase Total cost of norease Total base salary (successor agreement) | 1.5% | NEW AGREEMENT ANALYSIS _4/1/2015 4/1/2 1.7.5% 1.9% | | |
| Total Base Year/previous agreement) Effective Date (m/d/yyyy) Percent Increase Total cost of increase Total base salary (successor agreement) Section V: impact of Settlement - average annual | 1.5% | NEW AGREEMENT ANALYSIS _4/1/2015 4/1/2 1.7.5% 1.9% | | |
| Total Base Year/previous agreement) Effective Date (m/d/www) Percent increase Total cost of increase Total cost of increase Total base salary (successor agreement) Section V: Impact of Settlement - average annual Percentage impact (average per year over term of agreement) | 1.5% | NEW AGREEMENT ANALYSIS _4/1/2015 4/1/2 1.7.5% 1.9% | | |
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| Total Base Year/previous agreement) Effective Date (m/d/yyyy) Percent increase Total cost of increase Total cost of increase Total cost of increase Total base salary (successor agreement) Section V: Impact of Settlement - average annual 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 on each line) Cost of Health Plan Employee Contributions Prescribton Dental Vision The undersigned certifies that the foregoing fits Section VII | al increase over term of agree 1.72% Base Year SHBP | NEW AGREEMENT ANALYSIS 4/1/2015 4/1/2 1.7.5% 1.9% That if any of the foregoing items are ting | 016 | |