SUMMARY FORM

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

Section I: Agreement Deta						a. Association
Public Employer:	Borough of Lakehurst County: Ocean					
Employee Organization	AFSCME			Employees in Unit: 13		
Base Year Contract Term:	1/1/2012	12/31/2014	New Cont	New Contract Term 1/1/2015 12/31/2018		
Type of Settlement:	☐ Mediated Settlement ☐ F.		act-Finder Recommendation		✓ Voluntary Settlement	
			Col	umn A	Column E	3
			Base Year	- Total Costs revious agreement)	New Base Year - T (First Year of Successor	otal Costs or agreement)
Section II: Economic			•			
Item 1 Sal	ary		\$641,035		\$658,652	
Item 2 Inc	rement	<u> </u>				
Item 3 Lor	ngevity		0-9%		0-9%	
Item 4						
Item 5					-	
Item 6						
Item 7				7		
Item 8						
Item 9						
Item 10			-			
Item 11		_				
Item 12	,				.	
Any additional items list on separate st	heet	Additional Items				
Section III: Totals - Sum of costs in each column			\$641,035		\$658,652	
			(Total)		(Total)	
			,	Total	(Total)	
Continu N/			NEW AODE	FHENT ANALYSIS		
Section IV: Analysis of new success Total Base Year(previous agreement)			NEW AGRE	EMENT ANALYSIS		
Total base reargitevious agreementy	\$641,035					
Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017	1/1/2018	
Percent Increase		2.75	2.75	3	3	
Total cost of increase		\$17,617	\$18,112	\$20,303	\$20,912	
Total base salary (successor agreeme	nt)	\$658,652	\$676,764	\$697,067	\$717,979	
Section V: Impact of Settlen	nent - average annual in	crease over term of ag	reement			
Percentage Impact (average per year	over term of agreement)	2.88				
Dollar Impact (average per year over to	erm of agreement)	\$19,236.00				
Section VI						
Health Insurance (Indicate costs associ	riated on each line)					
ridust madrance (maicate costs associ	added on each way	Base Year	Year 1			
Cost of Health Plan		\$201,265	\$222,627			
Employee Contributions		-\$16,009	-\$20,722			
Prescription						
Dental		\$11,136	\$13,234			
Vision						
The undersigned certifies t	hat the foregoing figure	es are true and is awa	re that if any of the	foregoing items are t	false, s/he is subject to punisn	nent.
Section VII						
Prepared by:	Alan Muri	ray		_	itle: CFO	
		Print Name		_		·
	_ Claw	MX		D	ate: 7/15/2015	
	10 miles	Signature				