SUMMARY FORM

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

Section I: Agreement Deta						D		
Public Employer:	Bergenfield Public Library County: Bergen							
Employee Organization	CWA, Local 1031, A	AFL-CIO, Bergenfiel	d Library, Superv	Employees in Unit: 5				
Base Year Contract Term:	7/1/2011	/1/2011 12/31/2014 New Contract Term 1/1/2015				12/31/2017		
Type of Settlement:	☐ Mediated Settler	☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement ☐ Super Conciliation						
			Column A Base Year - Total Costs		Column B New Base Year - Total Costs (First Year of Successor agreement)			
			(Last Year of Pre	evious agreement)	(First Year of Success	or agreement)		
Section II: Economic			\$246,536		\$250,286			
Item 1 Salary		\$3,750		\$3,129				
	rement	_	\$5,700		40,120			
erganismos success of the second	ngevity	_						
Item 4		_	-					
Item 5		_						
Item 6		-						
Item 8		-						
Item 9		-						
Item 10								
Item 11								
Item 12								
Any additional items list on separate st	heet	Additional Items						
					2020			
Section III: Totals - Sum of costs in each column		\$250,286		\$253,415				
			(Total)		(Total)			
Section IV: Analysis of new succes	tnemene vose		NEW AGREE	EMENT ANALYSIS				
Total Base Year(previous agreement)								
evolution 2 control of the transfer of the second overlapping. ◆ appropriate process	\$200,200							
Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017				
Percent Increase		1.25%	1.25%	1.5%				
Total cost of increase		\$3,129	\$3,168	\$3,849				
Total base salary (successor agreeme	en()	\$253,415	\$256,582	\$260,431				
Section V: Impact of Settler	ment - average annual in	ncrease over term of agr	eement					
Percentage Impact (average per year	over term of agreement)	1.33						
Dollar Impact (average per year over	term of agreement)	\$3,381.66						
Section VI								
Health Insurance (Indicate costs asso	ociated on each line)							
		Base Year	Year 1					
Cost of Health Plan		\$47,899	\$51,395					
Employee Contributions		\$9,520	\$10,436					
Prescription		\$12,466	\$13,323					
Dental		\$2,146	\$2,146					
Vision								
The undersigned certifies	that the foregoing figur	res are true and is awa	re that if any of the	foregoing items are false	e, s/he is subject to punis	sment.		
Section VII								
Prepared by:	Mary Ris	kind		Title:	Library Directo	r		
· · · · · · · · · · · · · · · · · · ·		Print Name		-				
				Date:	6/26/2015			
		Signature						