

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Cliffside Park County: Bergen  
 Employee Organization: Cafeteria Workers Employees in Unit: 53  
 Base Year Contract Term: 7/1/2009 6/30/2012 New Contract Term 7/1/2012 6/30/2015  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <b>Base Year - Total Costs</b> <small>(Last Year of Previous agreement)</small>	Column B <b>New Base Year - Total Costs</b> <small>(First Year of Successor agreement)</small>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$548,094</u>	<u>\$564,615</u>
Item 2 ..... <u>Increment</u>	<u>\$0</u>	<u>\$0</u>
Item 3 ..... <u>Longevity</u>	<u>\$8,100</u>	<u>\$9,300</u>
Item 4 ..... <u>Stipend</u>	<u>\$3,150</u>	<u>\$3,450</u>
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		
<b>Section III: Totals -</b> Sum of costs in each column	<u>\$559,344</u>	<u>\$577,365</u>
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$559,344

Effective Date (m/d/yyyy)	<u>7/1/2012</u>	<u>7/1/2013</u>	<u>7/1/2014</u>	_____	_____
Percent Increase	<u>3.0%</u>	<u>2.5%</u>	<u>2.5%</u>		
Total cost of increase					
Total base salary (successor agreement)					

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

Percentage Impact (average per year over term of agreement) 2.60  
 Dollar Impact (average per year over term of agreement) \_\_\_\_\_

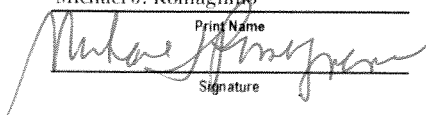
**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	<u>\$97,981</u>	<u>\$101,684</u>			
Employee Contributions	<u>\$0</u>	<u>\$2,718</u>			
Prescription					
Dental					
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: Michael J. Romagnolo Title: Superintendent  
  
 Signature Date: 1-24-13