

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Township of Hopewell County: Mercer
 Employee Organization: 9-1-1 Operators Association Employees in Unit: 6
 Base Year Contract Term: 1/1/2012 12/31/2012 New Contract Term 1/1/2013 12/31/2013
 Type 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 <u>Salary</u>	\$364,336	\$374,516
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$7,000	\$7,500
Item 4 _____		
Item 5 _____		
Item 6 _____		
Item 7 _____		
Item 8 _____		
Item 9 _____		
Item 10 _____		
Item 11 _____		
Item 12 _____		
<small>Any additional items list on separate sheet Additional Items</small>		
Section III: Totals - Sum of costs in each column	<u>\$371,336</u> (Total)	<u>\$382,016</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$371,336</u>				
Effective Date (m/d/yyyy)	<u>1/1/2013</u>				
Percent Increase	<u>2.0</u>				
Total cost of increase	<u>\$10,680</u>				
Total base salary (successor agreement)	<u>\$382,016</u>				

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

Percentage Impact (average per year over term of agreement)	<u>2.88</u>
Dollar Impact (average per year over term of agreement)	<u>\$10,680.00</u>

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$116,036	\$147,217			
Employee Contributions	\$0	-\$6,999			
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