## **SUMMARY FORM**

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

Section I: Agreement Deta		1				_	
Public Employer:	Essex County College County: Essex						
Employee Organization	Essex County Col	lege Professional A	ssociation		Employees in Unit: 138		
Base Year Contract Term:	7/1/2009 6/30/2012 ☐ Mediated Settlement ☐ F				2 6/30/2016  Voluntary Settlement   Super Conciliation		_
Type of Settlement:							9
			Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Item 1 Sal	ary	_	\$8,796,403		\$6,824,318		
Item 2 Increment		<del></del>	\$197,659		\$116,585		
Item 3 Longevity		•	\$18,050		\$19,600		
Item 4		<del></del>					
Item 5		_		·····			
Item 6				- <del></del>			
Item 7		<del></del>		<del></del>	<del></del>		
Item 8			<u> </u>				
Item 9							
Item 10		<del></del>					
Item 11		<del>_</del>					
Any additional items list on separate sh		Additional Items					
Any accomposite steams list on soparate sin	eet	Additional items					
Section III: Totals - Sum of costs in each column		\$9,012,112		\$6,960,503			
		(Total)		(Total)			
Section IV: Analysis of new success	sor agreement		NEW AGRE	EMENT ANALYSIS			<del></del>
Total Base Year(previous agreement)	\$9,012,112						
	44,4						
Effective Date (m/d/yyyy)		7/1/2012	7/1/2013	7/1/2014	7/1/2015		
Percent increase		1.75%	2.00%	2.00%	2.00%		
Total cost of increase							
Total base salary (successor agreemen							
Section V: Impact of Settlem		ncrease over term of ac	greement				
Percentage Impact (average per year or		<b>*</b>	_				
Dollar impact (average per year over tea	m of agreement)						
Section VI							
Health Insurance (Indicate costs associa	ated on each line)				HAT HAT IN A MANAGEMENT OF THE STATE OF THE		
Cost of Health Plan		Base Year	Year 1				
Employee Contributions		\$73,241	\$73,241				
Prescription		\$0	\$11,233				
Dental		<b>***</b>		<del></del>			
Vision		\$21,603	\$21,603	<u> </u>			
The undersigned certifies th	at the foregoing figure	es are true and is awa	re that if any of the f	oregoing items are false	s/he is subject to punism	<u>nent</u>	
Section VII							
Prepared by:	Khalilah Bowens		·····	Title:	HR Coordinator		
	Print Name Khalilah Bowens		atish Frances On Alfache Diagna - Teas	_	0./-/		
	Signature		reduction H31-Grap	Date:	8/5/2015		
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