

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: City of Bayonne County: Hudson
 Employee Organization: The Bayonne Municipal Supervisory Association Hudson Council No.2 Employees in Unit: 39
 Base Year Contract Term: 4/1/2004 6/30/2009 New Contract Term 7/1/2009 6/30/2014
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <small>(Last Year of Previous agreement)</small>	Column B New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
Section II: Economic		
Item 1 <u>Salary</u>	\$2,356,826	\$2,356,826
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$142,400	\$142,400
Item 4		
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		
Section III: Totals - Sum of costs in each column	\$2,429,226 <small>(Total)</small>	\$2,429,226 <small>(Total)</small>

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$2,429,226</u>				
Effective Date (m/d/yyyy)	<u>7/1/2009</u>	<u>7/1/2010</u>	<u>7/1/2011</u>	<u>7/1/2012</u>	<u>7/1/2013</u>
Percent Increase	0.0%	-1.16%	3.38%	3.56%	3.26%
Total cost of increase		-\$28,176	\$81,155	\$88,367	\$83,801
Total base salary (successor agreement)	\$2,429,226	\$2,401,050	\$2,482,205	\$2,570,572	\$2,654,373

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

Percentage Impact (average per year over term of agreement) 1.85
 Dollar Impact (average per year over term of agreement) \$45,029.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	\$533,203	\$479,347	\$516,565	\$581,866	\$554,013	\$585,000
Employee Contributions	\$0	\$390	\$32,760	\$32,760	\$32,760	\$32,760
Prescription	\$78,000	\$84,000	\$72,000	\$75,000	\$76,000	\$78,000
Dental	\$25,740	\$25,740	\$25,740	\$25,740	\$25,740	\$25,740
Vision	\$5,850	\$5,850	\$5,850	\$5,850	\$5,850	\$0

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: Deborah Falciani Title: Confidential Assistant
 Print Name
Deborah Falciani Date: 9/14/2012
 Signature