

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Township of Denville County: Morris
 Employee Organization: Department of Public Works - Supervisors Employees in Unit: 5
 Base Year Contract Term: _____ New Contract Term 1/1/2014 12/31/2017
 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> | \$408,708 | \$410,884 |
| Item 2 <u>Increment</u> | | \$8,639 |
| Item 3 <u>Longevity</u> | | \$0 |
| 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 | (Total) | \$419,523 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) _____

| Effective Date (m/d/yyyy) | 1/1/2014 | 1/1/2015 | 1/1/2016 | 1/1/2017 |
|-----------------------------------------------|----------|----------|----------|----------|
| Percent Increase | 1.98 | 1.98 | 1.98 | 1.98 |
| Total cost of increase .. | \$8,474 | \$8,639 | \$8,807 | \$8,981 |
| 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) _____
 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 | | | | | |
| Employee Contributions | | | | | |
| 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: STEVEN WARD Title: TOWNSHIP ADMINISTRATOR
 Signature:  Date: 6/26/2015