

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Borough of Bergenfield County: Bergen  
 Employee Organization: Bergenfield Employee's Association (DPW) Employees in Unit: 39  
 Base Year Contract Term: 7/1/2007 6/30/2011 New Contract Term 7/1/2011 12/31/2014  
 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>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$2,462,990	\$2,462,990
Item 2 ..... <u>Increment</u>	\$0	\$0
Item 3 ..... <u>Longevity</u>	\$100,646	\$100,646
Item 4 ..... <u>Clothing Allow.</u>	\$29,250	\$29,250
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	\$2,602,704 (Total)	\$2,602,704 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$2,602,704</u>				
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2011</u>	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	
Percent Increase .....	<u>0</u>	<u>\$750</u>	<u>\$750</u>	<u>\$750</u>	
Total cost of increase ...	<u>\$0</u>	<u>\$30,465</u>	<u>\$30,465</u>	<u>\$30,465</u>	
Total base salary (successor agreement) .....	<u>\$2,602,704</u>	<u>\$2,633,169</u>	<u>\$2,663,634</u>	<u>\$2,694,099</u>	

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


Percentage Impact (average per year over term of agreement) 0.87  
 Dollar Impact (average per year over term of agreement) \$22,848.75

**Section VI**

<i>Health Insurance (Indicate costs associated on each line)</i>	Base Year	Year 1			
Cost of Health Plan .....	\$473,023	\$520,961			
Employee Contributions .....	\$5,036	\$40,489			
Prescription .....	\$127,515	\$138,883			
Dental .....	\$35,416	\$28,837			
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: Frederick L. McGarril Title: Administrator  
  
 Signature

Date: 12/6/2012