## **SUMMARY FORM**

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

Section I: Agreement Deta  Public Employer:	ills County of Atlanti	c			County: Atlantic		
Employee Organization	International Bro	otherhood of Team	sters Local 331 Nu	trition Site Employe			
The state of the s					Employees in Unit:		
Base Year Contract Term:	7/1/2012 6/30/2016  ☐ Mediated Settlement ☐ Fact-Fi		New Cont	tract Term1/1/20	O16 12/31/2019  ☑ Voluntary Settlement ☐ Super Conciliation		
Type of Settlement:			Fact-Finder Recomme	endation			
				lumn A - Total Costs	Column E		
				revious agreement)	New Base Year - T (First Year of Successor	otal Costs r agreement)	
Section II: Economic							
Item 1 Sala	nry	<del></del>	\$208,951		\$214,294		
	ement				-		
-	gevity	,	\$6,800	-	\$6,800		
Item 4					<del></del>		
Item 5						- Commence of the Commence of	
Item 6							
Item 7							
Item 8	The state of the s					-	
Item 9		-			-		
Item 10		-					
Item 11		_	-				
Item 12	ot .	Additional Items	***************************************			-	
The second secon		Additional items					
Section III: Totals - Sum of costs in each column			\$215,751		\$221,094		
			(1	otal)	(Total)		
				,	(Total)		
Section IV: Analysis of new successo						<u> </u>	
Total Base Year(previous agreement)			NEW AGREE	MENT ANALYSIS			
u,	\$215,751	-					
Effective Date (m/d/yyyy)		7/1/2016	7/1/2017	7/1/2018	7/1/2019		
Percent increase		2.48	2.21	2.18	2.15		
Total cost of increase		\$5,343	\$4,876	\$4,919	\$4,962	And the second s	
Total base salary (successor agreement)		\$221,094	\$225,970	\$230,889	\$235,851	Name and Association of the Control	
ection V: Impact of Settleme	nt - average annual inc	crease over term of ac	greement				
Percentage Impact (average per year over	r term of agreement)	2.26					
Dollar Impact (average per year over term	of agreement)	\$5,025.00	•				
antinu M							
ection VI  Health Insurance (Indicate costs associate							
rreaur insurance (indicate costs associate	ed on each line)	Base Year	Year 1				
Cost of Health Plan		\$101,405	\$106,814			1	
Employee Contributions		\$4,409	\$2,182				
Prescription		\$27,373	\$27,814				
Dental		\$4,438	\$4,527				
Vision	**************	\$389	\$389				
The undersigned certifies that	t the foreaoina fiaures	are true and is awa	re that if any of the fo	regoing items are false	s/he is subject to nunisms	nt	
ection VII		und id uma		ogonig items are talse	, ome is subject to punisme	III.	
Prepared by:	Jeffrey L. N	Monroe		Title:	Fiscal Officer-Rud	get	
	, ^	Print Name	Contract of the Contract of Co	nue.	Fiscal Officer-Budget		
	AM-	2/20	~	Date:	5/23/2016		
	110	Signature					
	11	/					