

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: County of Gloucester County: Gloucester  
 Employee Organization: The Association of Assistant Prosecutors of Gloucester County Employees in Unit: 19  
 Base Year Contract Term: 1/1/2008 12/31/2012 New Contract Term 1/1/2013 12/31/2016  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <b>Base Year - Total Costs</b> <i>(Last Year of Previous agreement)</i>	Column B <b>New Base Year - Total Costs</b> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1,502,720	\$1,549,892
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
Item 4 ..... <u>add'l PERS</u>		\$4,717
Item 5 ..... <u>Health Contributions</u>		-\$20,853
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	<u>\$1,502,720</u> (Total)	<u>\$1,533,756</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$1,502,720</u>				
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2013</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	
Percent Increase	<u>2%</u>	<u>1%</u>	<u>1.5%</u>	<u>1.75%</u>	
Total cost of increase	<u>\$31,036</u>	<u>\$15,597</u>	<u>\$17,629</u>	<u>\$11,426</u>	
Total base salary (successor agreement)	<u>\$1,533,756</u>	<u>\$1,549,353</u>	<u>\$1,566,982</u>	<u>\$1,578,408</u>	

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

Percentage Impact (average per year over term of agreement) 1.26  
 Dollar Impact (average per year over term of agreement) \$18,922.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan		\$297,552			
Employee Contributions	\$0	\$20,853			
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**