

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Mercer County Improvement Authority County: Mercer  
 Employee Organization: Local 2287, American Federation of State & County Employees Employees in Unit: 16  
 Base Year Contract Term: 1/1/2008 12/31/2011 New Contract Term: 1/1/2012 12/31/2016  
 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>	\$860,929	\$860,929
Item 2 ..... <u>Increment</u>	\$1,186	\$0
Item 3 ..... <u>Longevity</u>	\$14,050	\$15,800
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
<i>Any additional items list on separate sheet</i> Additional items		
<b>Section III: Totals</b> - Sum of costs in each column	\$876,175 (Total)	\$876,829 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$876,175

Effective Date (m/d/yyyy)	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>
Percent Increase .....	0%	0%	1.65%	1.75%	1.75%
Total cost of increase .....	\$0	\$0	\$14,205	\$15,315	\$15,583
Total base salary (successor agreement) .....	\$876,829	\$876,829	\$891,034	\$906,627	\$922,493

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

Percentage Impact (average per year over term of agreement) 1.03  
 Dollar Impact (average per year over term of agreement) \$9,133.00

**Section VI**

**Health Insurance Benefits costs associated with each Plan**

	Base Year	Year 1			
Cost of Health Plan .....	\$327,431	\$327,431			
Employee Contributions .....	\$38,170	\$51,308			
Prescriptions .....					
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**