SUMMARY FORM

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

Base Year Contract Term: 1/1/2009 12/31/2011 New Contract Term 1/1/2012 12/31/ Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☐ Voluntary Settlement Column A Base Year - Total Costs Column E New Base Year - Total Costs	County: Bergen
See Year Contract Term: 1/1/2009 12/31/2011 New Contract Term: 1/1/2012 12/31/ Type of Settlement:	Employees in Unit: 18
Column A Base Year - Total Costs New Base Year - Yea	12/31/2014
Reserving Total Costs (Last Year of Trinstours arguments) (Item 1	ement 🔲 Super Concilia
Item 1	Column B se Year - Total Costs of Successor agreement)
Item 2	
Idear 3	
Item 4 Uniform S3,600 S	
Item 5 Item 6 Item 7 Item 8 Item 10 Item 11 Item 10 Item 11 Item 10 Item 11 Item 10 Item 11 Item 10	
Rem 6	
Item 7 Item 8 Item 9 Item 10 Item 11	
Item 8	
Rem 9	
Rem 10	
Item 17 Item 18 Item	
Item 12	
Any additional items list on separate sheet Additional items Section III: Totals - Sum of costs in each column \$185,398 (Total) (Total) (Total) Section IV: Analysis of new successor agreement Total Base Year/sevious agreement) \$1,1/2,012 1/1/2,013 1/1/2,014 Percent increase 0% 1.5% 2.0% Total base stary (successor agreement) \$0 \$2,767 \$3,691 Total base stary (successor agreement) \$181,798 \$184,525 \$186,216 Section V: Impact of Settlement - average annual increase over term of agreement Percentings impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) 1.17 Dotar impact (swerage per year over term of agreement) Section VI Treath insurance (instance costs associated on each line) Base Year Year 1 Cost or health Plan Employee Constructions Prepared by: Title: The understaned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, sihe is subject to punish Section VII Prepared by: Title: The NAME Title: The NAME Title: The NAME Title: Title: The NAME Title: The NAME Title: The NAME The NAME Title: The NAME The NAME	
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(Total) (To	
Section IV: Analysis of new successor agreement Total Base Year (previous agreement) S185,398 Effective Date (m/d/yvvvy) 1/1/2012 1/1/2013 1/1/2014 Percent Increase 0% 1.5% 2.0% Total cost of increase \$0 \$2,767 \$3,691 Total base stalay (successor agreement) Section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) 1.17 Dotar Impact (average per year over term of agreement) Section VI Intesti insurance (indicate costs associated on each line) Base Year Year 1 Cost of Health Plan Employee Contributions Prescription Derival Vision The understaned certifities that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punish Section VII Prepared by: Title: MACO	
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Signature Date:	<u></u>