

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Carneys Point Township County: Salem
 Employee Organization: Teamsters Local Union No. 676 Police Dispatchers Employees in Unit: 6
 Base Year Contract Term: 7/1/2011 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 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> |
|--|---|---|
| Section II: Economic | | |
| Item 1 Salary | \$174,323 | \$176,769 |
| Item 2 Increment | | |
| Item 3 Longevity | | |
| Item 4 | | |
| 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 | | |
| Section III: Totals - Sum of costs in each column | \$174,323 (Total) | \$176,066 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$174,323

| Effective Date (m/d/yyyy) | 1/1/2013 | 1/1/2014 | 1/1/2015 | 1/1/2016 |
|---|-----------|-----------|-----------|-----------|
| Percent Increase | 1% | 1% | 1% | 1% |
| Total cost of increase .. | \$1,743 | \$1,761 | \$1,778 | \$1,796 |
| Total base salary (successor agreement) | \$176,066 | \$177,827 | \$179,605 | \$181,401 |

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

Percentage Impact (average per year over term of agreement) 1.00
 Dollar Impact (average per year over term of agreement) \$1,769.50

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | | |
|------------------------------|-----------|----------|----------|----------|----------|
| Cost of Health Plan | \$93,116 | \$93,116 | \$93,116 | \$93,116 | \$93,116 |
| Employee Contributions | \$5,546 | \$5,546 | \$5,546 | \$5,546 | \$5,546 |
| 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

Prepared by: Linda Jones Title: Treasurer
 Signature: *Linda Jones* Date: 6/17/2015