

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: County College of Morris County: Morris  
 Employee Organization: Faculty Association of County College of Morris Employees in Unit: 160  
 Base Year Contract Term: 8/30/2011 8/27/2014 New Contract Term 8/28/2014 8/28/2018  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$11,849,256</u>	<u>\$12,086,241</u>
Item 2 ..... <u>Increment</u>	<u>\$116,085</u>	<u>\$117,125</u>
Item 3 ..... <u>Longevity</u>	<u>\$101,500</u>	<u>\$106,000</u>
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$11,849,256</u> (Total)	<u>\$12,327,966</u> (Total)

**Section IV: Analysis of new successor agreement** **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$11,849,256

Effective Date (m/d/yyyy)	<u>8/28/2014</u>	<u>8/28/2015</u>	<u>8/28/2016</u>	<u>8/28/2017</u>
Percent Increase .....	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Total cost of increase ..	<u>\$236,985</u>	<u>\$241,725</u>	<u>\$246,559</u>	<u>\$251,491</u>
Total base salary (successor agreement) .....	<u>\$12,086,241</u>	<u>\$12,327,966</u>	<u>\$12,574,525</u>	<u>\$12,826,016</u>

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$242,000.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$2,582,535</u>				
Employee Contributions .....	<u>\$602,997</u>				
Prescription .....					
Dental .....	<u>\$90,439</u>				
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: Thomas C. Burk Title: Director, Human Resources/Labor Relations  
 Print Name  
Thomas C. Burk Date: 6/1/2015  
 Signature