

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Township of Colts Neck County: Monmouth  
 Employee Organization: CWA Local 1098 Employees in Unit: 9  
 Base Year Contract Term: 1/1/2009 12/31/2011 New Contract Term 1/1/2012 12/31/2014  
 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>	\$530,667	\$535,974
Item 2 ..... <u>Increment</u>	\$0	\$0
Item 3 ..... <u>Longevity</u>	\$8,500	\$8,500
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	\$539,167  (Total)	\$544,474  (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$539,167

Effective Date (m/d/yyyy)	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>7/1/2013</u>	<u>1/1/2014</u>	<u>7/1/2014</u>
Percent Increase .....	1%	1%	1%	1%	1%
Total cost of increase ..	\$5,307	\$5,360	\$5,413	\$5,467	\$5,522
Total base salary (successor agreement) .....	\$535,974	\$541,334	\$546,747	\$552,214	\$557,736

**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) \$5,414.00

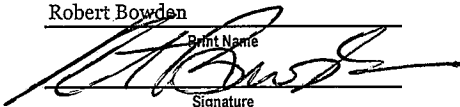
**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$152,753	\$131,972			
Employee Contributions .....	\$7,975	\$9,578			
Prescription .....	\$0	\$0			
Dental .....	\$13,034	\$10,311			
Vision .....	\$0	\$0			

*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: Robert Bowden Title: Township Administrator  
  
 Signature Date: 8/22/2012