

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: TOWNSHIP OF MORRIS County: Morris  
 Employee Organization: AFL\_CIO MORRIS COUNCIL No. 6 Employees in Unit: \_\_\_\_\_  
 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

Section II: Economic	Column A	Column B
	Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Item 1 ..... Salary	\$1,110,753	\$940,204
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	_____	_____
<b>Section III: Totals - Sum of costs in each column</b>	<u>\$1,110,753</u> (Total)	<u>\$940,204</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,110,753

Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	_____	_____
Percent Increase .....	2%	2%	2%	_____	_____
Total cost of increase ..	-\$170,549	\$18,722	\$18,931	_____	_____
Total base salary (successor agreement) .....	_____	_____	_____	_____	_____

**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) \$18,826.00

**Section VI**

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

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan .....	\$172,920	\$248,118	_____	_____	_____
Employee Contributions .....	\$36,155	\$26,319	_____	_____	_____
Prescription .....	\$54,695	\$82,799	_____	_____	_____
Dental .....	\$36,115	\$26,319	_____	_____	_____
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: Timothy Quinn Title: Township Administrator  
 Print Name  
Timothy Quinn Signature  
 Date: 9/25/2012