

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Camden County College County: Camden  
 Employee Organization: IUE/CWA 81440 Employees in Unit: 51  
 Base Year Contract Term: 7/1/2009 6/30/2013 New Contract Term 7/1/2013 6/30/2018  
 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 ..... Salary	\$2,385,187	\$2,436,838
Item 2 ..... Increment		
Item 3 ..... Longevity	\$84,950	\$74,200
Item 4 ..... FSA	\$11,500	\$28,200
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	\$2,481,637	\$2,539,238
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,481,637

Effective Date (m/d/yyyy)	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	<u>7/1/2017</u>
Percent Increase .....	2.0	2.0	2.0	2.0	2.0
Total cost of increase ..	\$51,651	\$48,737	\$49,712	\$99,712	\$51,720
Total base salary (successor agreement) .....	\$2,436,838	\$2,485,575	\$2,535,287	\$2,585,993	\$2,637,713

**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) \$12,061.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$498,281	\$564,181			
Employee Contributions .....	\$24,324	\$34,363			
Prescription .....	\$127,101	\$158,464			
Dental <u>Self Insured</u> .....					
Vision <u>N/A</u> .....					

*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: Kathleen Kane Title: Assistant Director for Human Resources  
 Print Name  
Kathleen Kane Signature  
 Date: 6/9/2014

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2013 thru 6/30/2018.

Employer: Camden County College

County: Camden

Date: 6/9/2014

Name: Kathleen Kane

Print Name

Title: Assistant Director for Human Resources

Kathleen Kane

Signature