

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Cherry Hill Township County: Camden
 Employee Organization: Teamsters Local Union No. 676 - DPW Blue Collar Employees in Unit: 61
 Base Year Contract Term: 1/1/2011 12/31/2013 New Contract Term 1/1/2014 12/31/2017
 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 <u>Salary</u> | \$2,883,222 | \$2,993,237 |
| Item 2 <u>Increment</u> | \$0 | \$0 |
| Item 3 <u>Longevity</u> | \$0 | \$0 |
| Item 4 _____ | | |
| Item 5 _____ | | |
| Item 6 _____ | | |
| Item 7 _____ | | |
| Item 8 _____ | | |
| Item 9 _____ | | |
| Item 10 _____ | | |
| Item 11 _____ | | |
| Item 12 _____ | | |
| <small>Any additional items list on separate sheet Additional Items</small> | | |
| Section III: Totals - Sum of costs in each column | <u>\$2,883,222</u> | <u>\$2,993,237</u> |
| | (Total) | (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$2,883,222

| Effective Date (m/d/yyyy) | 1/1/2014 | 1/1/2015 | 1/1/2016 | 1/1/2017 |
|---|-------------|-------------|-------------|-------------|
| Percent Increase | 3.82% | 2% | 2.81% | 2% |
| Total cost of increase .. | \$110,015 | \$59,799 | \$85,678 | \$62,845 |
| Total base salary (successor agreement) | \$2,993,237 | \$3,053,036 | \$3,138,714 | \$3,201,559 |

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

Percentage Impact (average per year over term of agreement) 2.66
 Dollar Impact (average per year over term of agreement) \$79,584.00

Section VI

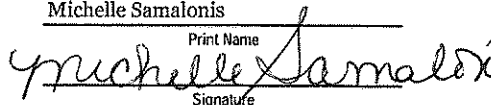
Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | |
|------------------------------|-----------|-----------|--|--|
| Cost of Health Plan | \$966,955 | \$935,731 | | |
| Employee Contributions | \$94,392 | \$129,080 | | |
| Prescription | \$303,518 | \$263,559 | | |
| Dental | \$44,261 | \$44,261 | | |
| 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:

| | |
|--|--|
| Michelle Samalonis <small>Print Name</small>  <small>Signature</small> | Title: <u>CFO</u> Date: <u>10/20/2015</u> |
|--|--|