

**SUMMARY FORM**

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

**MAR 23 2017**

**Section I: Agreement Details**

Public Employer: Maurice River Township County: Cumberland  
 Employee Organization: Council 18 Employees in Unit: 10  
 Base Year Contract Term: 1/1/2014 12/31/2016 New Contract Term 1/1/2017 12/31/2019  
 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>	\$435,345	\$455,550
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
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>		
<b>Section III: Totals - Sum of costs in each column</b>	\$435,345  (Total)	\$455,550  (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$435,345

Effective Date (m/d/yyyy)	1/1/2017	1/1/2018	1/1/2019
Percent Increase .....	2.5%	2.5%	2.5%
Total cost of increase ..	\$20,205	\$11,389	\$11,673
Total base salary (successor agreement) .....	\$455,550	\$466,939	\$478,612

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

Percentage Impact (average per year over term of agreement) 2.50  
 Dollar Impact (average per year over term of agreement) \$14,422.33

**Section VI**

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

	Base Year	Year 1
Cost of Health Plan .....	\$110,454	\$110,343
Employee Contributions .....	\$13,815	\$13,836
Prescription .....		
Dental .....	\$2,500	\$2,500
Vision .....	\$2,500	\$2,500

*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: Denise L. Peterson Title: Municipal Clerk  
Print Name  
Denise L. Peterson Date: 3/20/2017  
Signature