

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: City of Sea Isle City, NJ County: Cape May ✓  
 Employee Organization: Middle Management/Professional Employee Association Employees in Unit: 16  
 Base Year Contract Term: 1/1/2010 12/31/2014 New Contract Term 1/1/2015 12/31/2018  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <b>Base Year - Total Costs</b> <i>(Last Year of Previous agreement)</i>	Column B <b>New Base Year - Total Costs</b> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1207140	1231243
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$105026	\$107166
Item 4 ..... <u>Sitpend</u>	\$600	\$600
Item 5 ..... <u>Clothing Allowance</u>	\$1800	\$1800
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	\$1314566	1340809
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year(previous agreement) \$1314566

Effective Date (m/d/yyyy)	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	<u>1/1/2018</u>
Percent Increase .....	1.9%	2.2%	2.1%	1.9%
Total cost of increase ..	\$26243	\$30597	29198	\$27965
Total base salary (successor agreement) .....	1340809	1371405	\$1400603	\$1428568

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

Percentage Impact (average per year over term of agreement) 2.02%  
 Dollar Impact (average per year over term of agreement) \$28500.00

Note: Also negotiated was a reduction in healthcare plan. These savings are not reflected in the Section V Impact. Including health care and increasing employee contributions reduces the impact.

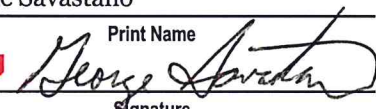
**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan .....	\$302042	\$239503	\$298133	\$312532	\$340660
Employee Contributions .....	\$0	\$18335	\$40451	\$64388	\$93092
Prescription .....					
Dental .....	\$16384	\$16384	\$15074	\$15074	\$15074
Vision .....	\$1272	\$1272	\$1272	\$1272	\$1272

**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: George Savastano Title: Administrator  
 Print Name  
 Sign Here  Date: 2/22/17  
 Signature