

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Cliffside Park County: Bergen
 Employee Organization: Custodians Employees in Unit: 33
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term 7/1/2015 6/30/2018
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| | Column A <u>Base Year - Total Costs</u> <small>(Last Year of Previous agreement)</small> | Column B <u>New Base Year - Total Costs</u> <small>(First Year of Successor agreement)</small> |
|---|--|--|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | \$1,063,953 | \$1,030,290 |
| Item 2 <u>Increment</u> | \$0 | \$0 |
| Item 3 <u>Longevity</u> | \$9,150 | \$5,350 |
| Item 4 <u>Stipend</u> | \$24,510 | \$16,950 |
| 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 | \$1,097,613 <small>(Total)</small> | \$1,052,590 <small>(Total)</small> |

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,097,613

| <u>Effective Date (mid/yyyy)</u> | <u>7/1/2015</u> | <u>7/1/2016</u> | <u>7/1/2017</u> | _____ | _____ |
|---|-----------------|-----------------|-----------------|-------|-------|
| Percent Increase | 2.62 | 2.85 | 2.91 | | |
| Total cost of increase | | | | | |
| 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) 2.79
 Dollar Impact (average per year over term of agreement) _____

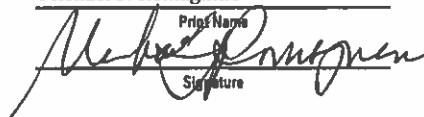
Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | _____ | _____ | _____ |
|------------------------------|-----------|-----------|-------|-------|-------|
| Cost of Health Plan | \$348,648 | \$286,960 | | | |
| Employee Contributions | \$15,921 | \$30,789 | | | |
| Prescription | | | | | |
| Dental | | | | | |
| 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: Michael J. Romagnino Title: Superintendent
 Date: 9/2016
Print Name
Signature