

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Two Rivers Water Reclamation Authority County: Monmouth  
 Employee Organization: O.P.E.I.U. Local Union 32 Employees in Unit: 6  
 Base Year Contract Term: 4 years-2011 New Contract Term: 4 years-2015  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$252,778</u>	<u>\$258,778</u>
Item 2 ..... <u>Increment</u>	<u>N/A</u>	<u>N/A</u>
Item 3 ..... <u>Longevity</u>	<u>N/A</u>	<u>N/A</u>
Item 4 ..... <u>Delete 1 sick day</u>	<u>\$972</u>	<u>.0</u>
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	<u>\$253,750</u> (Total)	<u>\$258,778</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$253,750

<u>Effective Date (m/d/yyyy)</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Percent Increase .....	<u>2.4</u>	<u>2.3</u>	<u>2.2</u>	<u>2.2</u>	<u>2.1</u>
Total cost of increase ..	<u>\$6,000</u>	<u>\$6,000</u>	<u>\$6,000</u>	<u>\$6,000</u>	<u>\$6,000</u>
Total base salary (successor agreement) .....	<u>\$258,778</u>	<u>\$264,778</u>	<u>\$270,778</u>	<u>\$276,778</u>	<u>\$282,778</u>

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

Percentage Impact (average per year over term of agreement) 2.2  
 Dollar Impact (average per year over term of agreement) \$6,000

**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$41,905</u>	<u>\$55,607</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
Employee Contributions .....	<u>\$3,900</u>	<u>\$3,900</u>	<u>\$3,900</u>	<u>\$3,900</u>	<u>\$4,700</u>
Prescription .....	<u>\$15,705</u>	<u>\$20,366</u>			
Dental .....	<u>\$11,492</u>	<u>\$11,798</u>			
Vision .....			<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</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: Michael A. Gianforte Title: Executive Director  
  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_