

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Camden County College County: Camden  
 Employee Organization: Faculty Association Employees in Unit: 125  
 Base Year Contract Term: 7/1/2009 6/30/2013 New Contract Term 7/1/2013 6/30/2017  
 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>
<b>Section II: Economic</b>		
Item 1 ..... Salary	\$9,150,498	\$9,333,508
Item 2 ..... Increment		
Item 3 ..... Longevity		
Item 4 ..... One-time pmt of \$450		
Item 5 ..... not added to base salary		\$56,250
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	\$9,150,498 (Total)	\$9,333,508 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$9,150,498

Effective Date (m/d/yyyy)	6/30/2014	6/30/2015	6/30/2016	6/30/2017
Percent Increase .....	2	2 plus \$400	2 plus \$400	2 plus \$400
Total cost of increase ..	\$183,010	\$236,670	\$241,404	\$246,264
Total base salary (successor agreement) .....	\$9,333,508	\$9,570,178	\$9,811,582	\$10,057,813

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$228,837.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$1,712,690	\$1,792,193			
Employee Contributions .....	\$108,304	\$144,312			
Prescription .....	\$451,377	\$480,160			
Dental: self-insured .....					
Vision: n/a FSA .....	\$50,000	\$72,600			

*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: Kathleen M. Kane Title: Assistant Director for Human Resources  
 Signature: *Kathleen M. Kane* Date: 5/1/2015