

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Carneys Point Township County: Salem  
 Employee Organization: Teamsters Local Union No.676 Blue Collar Employees in Unit: 14  
 Base Year Contract Term: 1/1/2010 12/31/2011 New Contract Term 1/1/2012 12/31/2015  
 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>	\$523,661	\$528,898
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$9,794	\$9,889
Item 4 ..... <u>Maintenance Stipend</u>	\$0	\$4,900
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	\$533,455	\$543,687
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$533,455

Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	1/1/2015
Percent Increase .....	1.00	1.00	1.00	1.00
Total cost of increase ..	\$10,232	\$5,437	\$5,491	\$5,546
Total base salary (successor agreement) .....	\$543,687	\$549,124	\$554,615	\$560,161

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

Percentage Impact (average per year over term of agreement) 1.00  
 Dollar Impact (average per year over term of agreement) \$6,676.50

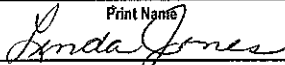
**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$263,444	\$263,444	\$263,444	\$263,444	\$263,444
Employee Contributions .....	\$19,633	\$19,633	\$19,633	\$19,633	\$19,633
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: Linda Jones Title: Treasurer  
  
 Signature Date: 6/18/2015