

SUMMARY FORM
COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & FIRE

Public Employer: _____ Employee Organization _____

Base Year Contract Term: _____ New Contract Term _____

Synopsis of Settlement/
Award/Recommendation: _____

| | <u>BASE YEAR</u> <i>(previous agreement)</i> | <u>NEW BASE YEAR</u> <i>(successor agreement)</i> |
|------------------------|---|--|
| Salary: | _____ | _____ |
| Increment: | _____ | _____ |
| % Increase: | _____ | _____ |
| Avg. Yield | _____ | _____ |
| per person in dollars: | _____ | _____ |
| Uniforms: | _____ | _____ |
| Boot/Shoe: | _____ | _____ |
| Longevity: | _____ | _____ |
| Holiday Pay: | _____ | _____ |
| Shift Differential | _____ | _____ |
| Overtime: | _____ | _____ |
| Stipends: | _____ | _____ |
| Bonuses: | _____ | _____ |
| Education: | _____ | _____ |
| EMT: | _____ | _____ |
| Other*: | _____ | _____ |

* Additional Costs: (please list on separate sheet & include in total)

Medical:

| | | |
|----------------|-------|-------|
| Contributions: | _____ | _____ |
| Cost of Health | _____ | _____ |
| Prescription | _____ | _____ |
| Dental: | _____ | _____ |
| Vision: | _____ | _____ |

NEW AGREEMENT ANALYSIS

| Effective Date | <u>Year</u> | <u>Year</u> | <u>Year</u> | <u>Year</u> |
|------------------------------|-------------|-------------|-------------|-------------|
| % Increase | _____ | _____ | _____ | _____ |
| Avg. Yield (p/p*) | _____ | _____ | _____ | _____ |
| Cost of Increase/: | _____ | _____ | _____ | _____ |
| Impact of Settlement: | | | | |
| Percentage Impact: | _____ | _____ | _____ | _____ |
| Actual dollar Impact: | _____ | _____ | _____ | _____ |
| TOTAL BASE SALARY | | | | |
| AT END OF EACH YEAR | _____ | _____ | _____ | _____ |

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.

Prepared by: _____ Title: _____
 Print Name
 _____ Date: _____
 Signature