

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: City of Bridgeton County: Cumberland  
 Employee Organization: Bridgeton Supervisors Association in Affiliation with NJCSA, Council 18 Supervisors Employees in Unit: 20  
 Base Year Contract Term: 7/1/2006 6/30/2012 New Contract Term 7/1/2012 6/30/2016  
 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	\$1,177,745	\$1,201,865
Item 2 ..... Increment		
Item 3 ..... Longevity	\$47,708	\$52,034
Item 4 ..... College Benefit	\$0	\$7,000
Item 5 ..... Vacation Retire Buyout	\$0	\$21,250
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	\$1,225,454 (Total)	\$1,282,150 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$1,225,454</u>				
Effective Date (m/d/yyyy)	<u>7/1/2012</u>	<u>1/1/2013</u>	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>
Percent Increase .....	<u>0</u>	<u>2.0</u>	<u>1.5</u>	<u>2.0</u>	<u>2.0</u>
Total cost of Increase ..	<u>\$0</u>	<u>\$56,696</u>	<u>\$22,862</u>	<u>\$28,786</u>	<u>\$26,534</u>
Total base salary (successor agreement) .....	<u>\$1,225,454</u>	<u>\$1,282,150</u>	<u>\$1,305,012</u>	<u>\$1,333,798</u>	<u>\$1,360,332</u>

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

Percentage Impact (average per year over term of agreement) 1.88  
 Dollar Impact (average per year over term of agreement) \$33,720.00


**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$257,654</u>	<u>\$272,747</u>			
Employee Contributions .....	<u>\$0</u>	<u>\$7,609</u>			
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: Dale E. Goodreau Title: Business Administrator  
  
 Signature: \_\_\_\_\_ Date: 5/24/2013