

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

Public Employer: City of Northfield Employee Organization GWU Local 430- White Collar

Base Year Contract Term: 1/1/2013 12/31/2015 New Contract Term 1/1/2016 12/31/2017

Synopsis of Settlement/
Award/Recommendation: 2% salary increase, health benefits plan change to NJ Direct 15 as base plan (from NJ Direct 10). Maximum contribution toward health benefits as per Chapter 78.

	BASE YEAR <i>(previous agreement)</i>	NEW BASE YEAR <i>(successor agreement)</i>
Salary:	_____	\$340,765.60
Increment:	_____	\$4,720.89
% Increase:	2.00%	2.00%
Avg. Yield	_____	_____
per person in dollars:	_____	674.41
Uniforms:	\$600.00	_____
Boot/Shoe:	\$0.00	\$0.00
Longevity:	0	\$0.00
Holiday Pay:	\$0.00	\$0.00
Shift Differential	\$0.00	\$0.00
Overtime:	_____	_____
Stipends:	\$0.00	\$0.00
Bonuses:	\$0.00	\$0.00
Education:	\$0.00	\$0.00
EMT:	\$0.00	\$0.00
Other*:	\$0.00	\$0.00

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

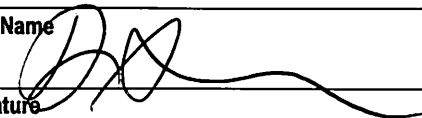
Medical:

Contributions:	\$1967.52 annual avg per employee	\$2,645.76 annual avg per employee
Cost of Health	\$22,538.40 annual avg per employee	\$18,678.12 annual avg per employee
Prescription	\$4216.08 annual avg per employee	\$4,601.52 annual avg per employee
Dental:	\$917.16 annual avg per employee	\$926.88 annual avg per employee
Vision:	\$122.16 annual avg per employee	\$119.40 annual avg per employee

NEW AGREEMENT ANALYSIS

Effective Date	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	2.00%	2.00%	0.00%	0.00%
Avg. Yield (p/p*)	674.41	687.90	_____	_____
Cost of Increase/:	4720.89	4815.31	_____	_____
Impact of Settlement:				
Percentage Impact:	2.00%	2.00%	0.00%	0.00%
Actual dollar Impact:	_____	_____	_____	_____
TOTAL BASE SALARY AT END OF EACH YEAR	\$340,765.60	\$345,580.92	_____	_____

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: Dawn M Stollenwerk
Print Name _____

Signature _____

Title: CFO
Date: 5/5/2016