

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Essex County College County: Essex
 Employee Organization: Essex County College Chapter United Adjunct Faculty of New Jersey Local 2222 Employees in Unit: 543
 Base Year Contract Term: 9/1/2007 8/31/2011 New Contract Term 9/1/2011 8/31/2014
 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> |
|--|---|---|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | \$759,899 | \$1,022,588 |
| Item 2 <u>Increment</u> | \$0 | \$0 |
| Item 3 <u>Longevity</u> | \$0 | \$0 |
| Item 4 _____ | | |
| 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 | | |
| Section III: Totals - Sum of costs in each column | \$759,899 | \$1,022,588 |
| | (Total) | (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$759,899

| Effective Date (m/d/yyyy) | <u>9/1/2011</u> | <u>9/1/2012</u> | <u>9/1/2013</u> | _____ | _____ | _____ |
|---|-----------------|-----------------|-----------------|-------|-------|-------|
| Percent Increase | 647 | 667 | 686 | | | |
| Total cost of increase | | | | | | |
| Total base salary (successor agreement) | | | | | | |

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

Percentage Impact (average per year over term of agreement) _____
 Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (indicate costs associated on each line)

| | Base Year | Year 1 | _____ | _____ | _____ |
|------------------------------|-----------|--------|-------|-------|-------|
| Cost of Health Plan | \$0 | \$0 | | | |
| Employee Contributions | \$0 | \$0 | | | |
| Prescription | | | | | |
| Dental | \$0 | \$0 | | | |
| 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:

| | |
|------------------------|------------------------------|
| <u>Khalilah Bowens</u> | Title: <u>HR Coordinator</u> |
| Print Name | |
| <u>Khalilah Bowens</u> | Date: <u>8/5/2015</u> |
| Signature | |