## **SUMMARY FORM**

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

Section I: Agreement De	tails								
Public Employer: TOWNSHIP OF BERKELEY HEIGHTS				County: Union					
Employee Organization	COLLAR			Employees in Unit: 12					
Base Year Contract Term:	1/1/2009	12/31/2013	New Contr	ract Term1/1/2	2014				
Type of Settlement:	☐ Mediated Settlem					Voluntary Settlement Super Conciliation			
		Column A Base Year - Total Costs			Column B New Base Year - Total Costs (First Year of Successor agreement)				
ection II: Economic			(Last Year of Pr	revious agreement)	-	(First Year of Su	iccessor agreement)	4	
	alary		\$477,086		١,	6497,543			
Item 2 Increment		=			-   -	4101,010			
	ongevity	-	-		-   -		_		
Item 4 UNUSED SICK		_	\$734		-   -	\$351			
Item 5 OVERTIME		_	\$16,904		_   _	\$17,001			
Item 6 HOLIDAY PAY		-	\$3,699			\$3,976			
Item 7	400000000000000000000000000000000000000	<b>—</b> ()			-   -				
Item 8		_	-		-   -				
Item 9		_			-   -				
Item 10		<b>-</b>			-   -			a a	
Item 11		_			_   _				
Item 12					_   _				
Any additional items list on separate	sheet	Additional Items			-   -				
					_ _			1	
ection III: Totals - Sum of	costs in each column		\$498,423		_   _	518,871			
			(Total)		1	(Total)			
Section IV: Analysis of new suc			NEW AGRE	EMENT ANALYSIS					
Total Base Year(previous agreeme	s498,423								
Effective Date (m/d/yyyy)		1/1/2014	1/1/2015	1/1/2016	1/	1/2017	1/1/2018		
Percent Increase		2.00	2.00	2.00	2.0	NOTES OF THE PARTY	2.00		
Total cost of increase		\$20,448	\$9,951	\$10,149		0,352	\$10,559		
Total base salary (successor agree	ment)	\$518,871	\$528,822	\$538,971		49,323	\$559,883		
ection V: Impact of Settl	ement - average annual in	crease over term of ag	greement						
Percentage Impact (average per ye	ar over term of agreement)	2.00							
Dollar Impact (average per year ov	er term of agreement)	\$12,292.00							
ection VI									
Health Insurance (Indicate costs as	ssociated on each line)								
Cost of Health Plan	THE STATE OF THE S	Base Year	Year 1						
Employee Contributions		\$197,716	\$218,515	-					
Prescription		\$6,271	\$7,208	- :					
Dental		-		-				-	
Vision			-	-				-	
		-	-	-				-	
The undersigned certifie	s that the foregoing figure	s are true and is awa	are that if any of the	foregoing items ar	e false, s/he	is subject to	punisment.		
ection VII									
Prepared by:	MICHEL	MICHEL MARCEAU			Title: CI	CHIEF FINANCIAL OFFICER			
	1	Print Name							
	W.	~			Date: 6,	/15/2015			
		Signaturo							