

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: County of Atlantic County: Atlantic
 Employee Organization: CWA Local 1040 - Facilities Employees In Unit: 8
 Base Year Contract Term: 1/1/2008 12/31/2011 New Contract Term 1/1/2012 12/31/2014
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$445,440</u>	<u>\$454,352</u>
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	<u>\$8,000</u>	<u>\$8,000</u>
Item 4 <u>Sick Bonus</u>	<u>\$2,000</u>	<u>\$2,000</u>
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	<u>\$455,440</u> (Total)	<u>\$464,352</u> (Total)

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$455,440

Effective Date (m/d/yyyy)	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>
Percent Increase	<u>1114</u>	<u>1136</u>	<u>1157</u>
Total cost of increase ..	<u>\$8,912</u>	<u>\$9,288</u>	<u>\$9,256</u>
Total base salary (successor agreement)	<u>\$464,352</u>	<u>\$473,640</u>	<u>\$482,896</u>

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

Percentage Impact (average per year over term of agreement) 1.90
 Dollar Impact (average per year over term of agreement) \$9,152.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	<u>\$94,119</u>	<u>\$96,393</u>
Employee Contributions	<u>\$6,682</u>	<u>\$6,815</u>
Prescription	<u>\$25,253</u>	<u>\$27,564</u>
Dental	<u>\$6,754</u>	<u>\$6,484</u>
Vision	<u>\$528</u>	<u>\$528</u>

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.

Send completed & signed form, a signed and dated copy of contract, signed and dated certification as well as a signed and dated copy of the following information to the Public Sector Labor Relations Bureau, 1000 North 17th Street, Norfolk, VA 23510-1000