

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Middlesex County Board of Social Services County: Middlesex  
 Employee Organization: Middlesex County Welfare Administrative Employees Organization Employees in Unit: 12  
 Base Year Contract Term: 7/1/2009 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 ..... <u>Salary</u>	<u>\$1,199,172</u>	<u>\$1,199,172</u>
Item 2 ..... <u>Increment</u>	<u>\$0</u>	<u>\$0</u>
Item 3 ..... <u>Longevity</u>	<u>\$26,400</u>	<u>\$26,400</u>
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$1,225,572</u>  (Total)	<u>\$1,225,572</u>  (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year(previous agreement)	<u>\$1,225,572</u>				
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2012</u>	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>	_____
Percent Increase .....	<u>0</u>	<u>1.25</u>	<u>1.75</u>	<u>2</u>	_____
Total cost of increase ...	<u>\$0</u>	<u>\$15,320</u>	<u>\$21,716</u>	<u>\$25,252</u>	_____
Total base salary (successor agreement) .....	<u>\$1,225,572</u>	<u>\$1,240,892</u>	<u>\$1,262,608</u>	<u>\$1,287,860</u>	_____

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

Percentage Impact (average per year over term of agreement) 1.25  
 Dollar Impact (average per year over term of agreement) \$15,572.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	_____	_____	_____	_____	_____
Employee Contributions .....	_____	_____	_____	_____	_____
Prescription .....	_____	_____	_____	_____	_____
Dental .....	_____	_____	_____	_____	_____