

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Borough of Swedesboro Department of Public Works County: Gloucester
 Employee Organization: Teamsters Local Union 676 Employees in Unit: _____
 Base Year Contract Term: 1/1/2009 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 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> | \$246,688 | \$251,680 |
| 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 | \$246,688 | \$251,680 |
| | (Total) | (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

| | | | |
|---|------------------|------------------|------------------|
| Total Base Year (previous agreement) | \$246,688 | | |
| Effective Date (m/d/yyyy) | <u>1/1/2012</u> | <u>1/1/2013</u> | <u>1/1/2014</u> |
| Percent Increase | <u>2%</u> | <u>2%</u> | <u>2%</u> |
| Total cost of increase .. | <u>\$4,992</u> | <u>\$5,096</u> | <u>\$5,200</u> |
| Total base salary (successor agreement) | <u>\$251,680</u> | <u>\$256,776</u> | <u>\$251,976</u> |

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

Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$5,096.00

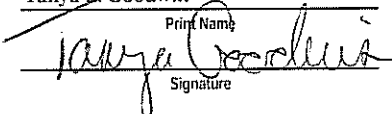
Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | |
|------------------------------|-----------|----------|--|--|
| Cost of Health Plan | \$87,104 | \$95,329 | | |
| Employee Contributions | \$4,800 | | | |
| Prescription | \$0 | \$0 | | |
| Dental | \$5,063 | \$4,648 | | |
| Vision | \$0 | \$0 | | |

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: Tanya L Goodwin Title: Clerk
 Signature:  Date: 5/15/2012