SUMMARY FORM

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

Section I: Agreement Deta							
Public Employer:	Bernards Township County: Somerset						
Employee Organization	Intl. Brotherhood	d of Teamsters, Ch	nauffeurs, Wareho	usemen & Helpers	rs of America, L 469 Employ	yees in Unit: 33	
Base Year Contract Term:	1/1/2011 6/30/2014 New Contract Term 7/1/2014 6/30/2017						
Type of Settlement:	✓ Mediated Settle	✓ Mediated Settlement		mendation	□ Voluntary Settlement	☐ Voluntary Settlement ☐ Super Conciliation	
				Column A	Column E	9	
			Base Yea	ear - Total Costs of Previous agreement)	New Base Year - T (First Year of Successor	Total Costs	
Section II: Economic				Pierious agreement,	If His rate or wasser	ir agreement)	
Item 1 Sala	lary		\$1,910,687	7	\$1,962,841		
	rement				\$1,902,041		
	ngevity		\$36,300		\$37,900		
Item 4					- 307,000		
Item 5					-		
Item 6							
Item 7			-				
Item 8							
Item 9					_		
Item 10					-		
Item 11					- -		
Item 12					-		
Any additional items list on separate she	eet	Additional Items			-		
		PARENTHE 190.110			-		
Section III: Totals - Sum of costs	s in each column		\$1,946,987		\$2,000,741		
				unities to			
				(Total)	(Total)		
Section IV: Analysis of new successor							
Total Base Year(previous agreement)			NEW AGRE	EEMENT ANALYSIS			
I Otal Base Tearly evidus agreement	\$1,946,987						
Effective Date (m/d/yyyy)		-1,12014	-1-1				
Percent Increase		7/1/2014	7/1/2015	7/1/2016			
Total cost of increase		2.5%	2.0%	1.5%			
Total base salary (successor agreement)	1	\$53,754	\$13,655	\$43,765			
	to company in a state of the	\$2,000,741	\$2,014,396	\$2,058,161			
Section V: Impact of Settleme Percentage Impact (average per year ove			greement				
Dollar impact (average per year over term		1.87					
Denne unbass (myssalle bes ken seen seen	of agreemeny	\$37,057.94					
Section VI							
Health Insurance (Indicate costs associate	ted on each line)						
	Wheel Manager In	Base Year	Year 1				
Cost of Health Plan		\$582,616	\$617,719				
Employee Contributions		\$94,980	\$118,501				
Prescription			SECTION AND ADDRESS OF THE PARTY OF THE PART				
Dental		\$3,500	\$3,500				
Vision		\$17,760	\$17,760				
The undersigned certifies that	the formaing figures						
ection VII	the foregoing nguies	are true and is awai	re that if any of the re	oregoing items are fa	false, s/he is subject to punismen	<u>nt</u>	
Prepared by:	Thomas Isl						
Propared by.	Title: CFO/HRO						
	Theresa Ir	Print Name ohnson	Mary Springer				
	1101000 00	Signature	ren mg, 1910 1 ST death	Dat	ate: 10/8/2015		
		Signature					