## **SUMMARY FORM**

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

Section I: Agreement Deta Public Employer:	TOWNSHIP OF COMMERCIAL  AFSCME COUNCIL 71				County: Cumberland		
Employee Organization					Employees in Unit: 13		
Base Year Contract Term:	1/1/2012	12/31/2014	Now Con	tract Term 1/1/20			
Type of Settlement:	☐ Mediated Settl		ct-Finder Recomme		Voluntary Settlement Super Conciliation		
Type of detachient.	I Wediated Detti	chent	NET INDEL NECOMM	moadon	- Voluntary detuernent	ouper contoniation	
			Base Year	olumn A r - Total Costs Previous agreement)	Column I New Base Year - T (First Year of Successo	otal Costs	
Section II: Economic							
Item 1 Salary			\$489,745		\$504,438		
Item 2 Increment			\$14,692 \$6,842		\$20,177 \$7,242		
	igevity		\$6,842		\$1,242	<del></del>	
Item 4		<del></del>			-	<del></del>	
Item 5		-			-	<del></del>	
Item 6							
Item 7			<u> </u>			<del></del>	
Item 8		<del></del>			l <del></del>		
Item 9			-				
Item 10							
Item 11		_				<del></del>	
Item 12	ant	Additional Items					
Party booker and not on separate at		Production feeting					
Section III: Totals - Sum of costs in each column		•	\$511,279		\$531,857		
			(	(Total)	(Total)		
					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Cartina Bit			NEW A ODE	TARENT ANALYSIS			
Section IV: Analysis of new succes Total Base Year(previous agreement)			NEW AGRE	EMENT ANALYSIS			
Total base Teathreshors agreementy	\$511,279						
Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017			
Percent Increase		4%	4%	4%			
Total cost of increase		\$20,177	\$20,984	\$21,824			
Total base salary (successor agreemen	i)	\$531,857	\$552,842	\$574,666			
Section V: Impact of Settlem	ent - average annual i	ncrease over term of agre	eement				
Percentage Impact (average per year o	ver term of agreement)	4.00					
Dollar impact (average per year over te	rm of agreement)	\$553,122.00					
Section VI							
Health Insurance (Indicate costs associ	iated on each line)						
		Base Year	Year 1				
Cost of Health Plan		\$154,635	\$171,743				
Employee Contributions		\$17,312	\$23,746				
Prescription		\$40,944	\$45,543				
Dental		\$8,439	\$8,651				
Vision		\$307	\$307	*			
The undersigned certifies th	nat the foregoing figur	res are true and is aware	e that if any of the	foregoing items are fal:	se, s/he is subject to punism	<u>ent.</u>	
ection VII		·					
Prepared by:	PAMELA	HUMPHRIES		Title	: CHIEF FINANCI	AL OFFICER -	
		Print Name/	1				
	/ Car	nela Oll.	mplue	Date	6/29/2015		
	1	Signature	0	•			