SUMMARY FORM

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

Section I: Agreement Deta	ils HOUSING AUTHORITY OF THE CITY OF CAMDEN					Cambu Camden	
Public Employer:						County.	
Employee Organization	AFSCME Council	71, Local 3974				Employees in Unit: 8	
Base Year Contract Term:	1/1/2007 12/31/2011		New Contract Term1/1/2012		012 12/31/	12/31/2015	
Type of Settlement:	✓ Mediated Settle	ement	act-Finder Recommen	dation	☐ Voluntary Settlement	Super Conciliation	
<u> </u>			Colui Base Year -		Column		
			(Last Year of Pre		New Base Year - (First Year of Success	or agreement)	
Section II: Economic							
em 1 Salary		\$173,451		\$417,776	\$417,776		
Item 2 Inc	rement						
Item 3 Lor	ngevity		\$10,000		\$15,000		
Item 4					-		
Item 5					.		
Item 6							
Item 7		***************************************			.		
Item 8					- [
Item 9					.		
Item 10					· -		
Item 11					.		
Item 12					.		
Any additional items tist on separate s	heet	Additional Items			-		
Section III: Totals - Sum of costs in each column			\$183,451 (Total)		\$432,776		
					(Total)		
			(,,	outin	(Total)		
Section IV: Applications are assessed			NEW/AGDEE	MENT ANALVEIC			
Section IV: Analysis of new succest Total Base Year(previous agreement)			WEST WORKER	MENT ANALYSIS			
, , ,	\$165,451						
Effective Date (m/d/yyyy)		1/1/2012	1/1/2013	1/1/2014	1/1/2015		
Percent Increase		0	3	1	1.5		
Total cost of Increase		\$0	\$244,325	\$4,178	\$6,329		
Total base salary (successor agreeme	mB	\$173,451	\$417,776	\$421,954	\$434,612		
Section V: Impact of Settler	ment - average annual	increase over term of agi	reement				
Percentage Impact (average per year	over term of agreement)	1.38					
Dollar Impact (average per year over t	term of agreement)	\$63,708.00					
Section VI							
Health Insurance (Indicate costs asso	cialad on each (ine)				. 73		
		Base Year	Year 1				
Cost of Health Plan			- 21.27		-		
Employee Contributions		290	10-5/0				
Prescription							
Dental		<u> 5% </u>	<u> 3590 </u>				
Vision		1 . 17	6 . 1 B 1.	V 110 . 110	los halias de mi	manufora	
The undersigned certifies :	that the foregoing figu		Dest of No re that if any of the fo	regoing items are t	lge , DECCE & 1994 laise, s/he is subject to punis	ment.	
Section VII		Λ					
Prepared by:	Lisa Hen	dricks Richardso	on	Т	itle: Staff Attorney		
	AV.	Print/Name	8		.//	æ.	
	/ <u>Y</u> X	Ja/Licka	elle	D	ate: <u>4/10/11</u>		
	M	Signature			/ /		

Certification

Information

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning $\frac{1}{1/2012}$ thru $\frac{12}{31/2015}$.

Housing Authority of the City of Camden Employer:

Camden County:

4/10/2014 Date:

Lisa Hendricks Richardson Name:

Print Name

Staff Attorney Title: