

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

**Section I: Agreement Details**

Public Employer: Camden County College County: Camden  
 Employee Organization: Support Staff Association/NJEA -Maintenance, Boiler Operators, Mechanics & Painters Employees in Unit: 25  
 Base Year Contract Term: 7/1/2009 6/30/2013 New Contract Term 7/1/2013 6/30/2017  
 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>	\$1,449,025	\$1,478,006
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>		
Item 4 ..... <u>FSA</u>	\$5,000	\$12,000
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 - Sum of costs in each column</b>	\$1,454,025 (Total)	\$1,490,006 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$1,454,025				
<b>Effective Date (m/d/yyyy)</b>	<u>7/1/2013</u>	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	
Percent Increase	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	<u>2.0</u>	
Total cost of increase	\$28,980	\$29,580	\$30,151	\$30,754	
Total base salary (successor agreement)	\$1,478,005	\$1,507,565	\$1,537,716	\$1,568,470	

**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) \$7,456.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan	\$319,702	\$331,634			
Employee Contributions	\$14,079	\$20,534			
Prescription	\$81,630	\$91,874			
Dental	<u>Self-insured</u>				
Vision	<u>OIA</u>				

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.*

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 Date: \_\_\_\_\_