

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Deptford Township Municipal Utilities Authority County: Gloucester  
 Employee Organization: Amer Fed of State ,Cnty, and Muni Employees, AFL-CIO District Council 71, Local 3303D Employees in Unit: 19  
 Base Year Contract Term: 2/1/2010 1/31/2013 New Contract Term 2/1/2013 1/31/2017  
 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 ..... Salary	\$911,816	\$911,816
Item 2 ..... Increment	\$4,038	\$0
Item 3 ..... Longevity	\$32,959	\$32,959
Item 4 ..... Life Insurance	\$2,822	\$2,822
Item 5 ..... Uniform Allowance	\$4,950	\$4,950
Item 6 ..... Duty Pay	\$15,600	\$18,200
Item 7 ..... PIC/FIO	\$3,000	\$3,000
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals -</b> Sum of costs in each column	\$975,185  (Total)	\$973,747  (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$975,185

Effective Date (m/d/yyyy)	2/1/2013	2/1/2014	2/1/2015	2/1/2016
Percent Increase .....	0.0%	2.0%	2.0%	2.0%
Total cost of increase ..	\$0	\$18,237	\$18,601	\$18,974
Total base salary (successor agreement) .....	\$973,747	\$991,984	\$1,010,585	\$1,029,559

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

Percentage Impact (average per year over term of agreement) 1.20  
 Dollar Impact (average per year over term of agreement) \$13,953.00

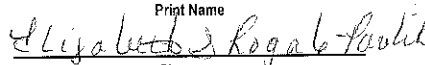
**Section VI**

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

	Base Year	Year 1
Cost of Health Plan .....	\$300,683	\$324,292
Employee Contributions .....	\$0	\$13,288
Prescription .....	\$0	\$0
Dental .....	\$14,707	\$14,715
Vision .....	\$3,012	\$3,012

*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: Elizabeth S. Rogale-Pavlik Title: Fiscal Officer  
 Print Name  
  
 Signature  
 Date: 1/26/2015