## POLICE AND FIRE COLLECTIVE BARGAINING AGREEMENT SUMMARY FORM

## Section I: Agreement Details Public Employer: County: **Employee Organization** \_ Employees in Unit: \_ Base Year Contract Term: New Contract Term \_ Type of Settlement: Arbitrator's Award Fact-Finder Recommendation Voluntary Settlement Section II: Statutory Definition of Base Salary N.J.S.A. 34:13A-16.7(a): Base salary is the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount provided for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension, and health and medical insurance costs. Base Year - Total Costs New Base Year - Total Costs Column A Column B Economic Non-salary Economic Economic Non-salary Economic Section III: Economic - Costs inside base salary Salary ..... Increment ..... N/AN/A Longevity ..... Section IV: Additional Costs List economic Items: indicate either inside or outside base salary as agreed to between the parties. Item Description Item 1 . . . . . . . . Item 2 . . . . . . . . . Item 3 ..... Item 4 . . . . . . . . . Item 5 . . . . . . . . Item 6 ..... Item 7 ..... Item 8 ...... Item 9 ...... Any additional items list on separate sheet Additional Items Section V: Totals - Sum of costs in each column (Total Non-salary (Total Economic) Section III & IV Fconomic) Section III & IV Economic) **NEW AGREEMENT ANALYSIS** Section VI: Analysis of new successor agreement Total Economic Base Year(previous agreement) Effective Date (m/d/yyyy) Percent Increase ..... Total Economic Costs (successor agreement) ..... Section VII: Impact of Settlement - average annual increase over term of agreement Percentage Impact (average per year over term of Dollar Impact (average per year over term of agreement) Section VIII Medical Costs Base Year Cost of Health Plan ..... Dental Vision ..... 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 punisment. Section IX Prepared by: Title: **Print Name** Date:

Signature