

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: _____ County: _____

Employee Organization _____ Employees in Unit: _____

Base Year Contract Term: _____ New Contract Term _____

Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>	
Section II: Economic			
Item 1 <u>Salary</u>	_____	_____	
Item 2 <u>Increment</u>	_____	_____	
Item 3 <u>Longevity</u>	_____	_____	
Item 4	_____	_____	
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	_____	_____	
Section III: Totals - Sum of costs in each column	(Total)	(Total)	

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) _____

Effective Date (m/d/yyyy) _____

Percent Increase _____

Total cost of increase ... _____

Total base salary (successor agreement) _____

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

Percentage Impact (average per year over term of agreement) _____

Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	_____	_____	_____	_____	_____
Employee Contributions	_____	_____	_____	_____	_____
Prescription	_____	_____	_____	_____	_____
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 punishment.

Section VII

Prepared by: _____ Title: _____

Print Name

Signature

Date: _____