

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: WEST DEPTFORD TOWNSHIP County: Gloucester  
 Employee Organization: PUBLIC WORKS Employees in Unit: 36  
 Base Year Contract Term: 1/10/2010 12/31/2013 New Contract Term 1/1/2014 12/31/2016  
 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>	\$2,311,429	\$2,376,135
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	\$109,585	\$109,585
Item 4 ..... <u>UNIFORM MAINTENANCE</u>	\$19,240	\$18,720
Item 5 ..... <u>SAFETY SHOES</u>	\$10,360	\$10,080
Item 6 ..... <u>CLASS "A"</u>	\$3,432	\$3,432
Item 7 ..... <u>GYM REIMBURSEMENT</u>	\$17,538	\$13,500
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	\$2,471,584  (Total)	\$2,531,452  (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,471,584

Effective Date (m/d/yyyy)	1/1/2014	1/1/2015	1/1/2016
Percent Increase .....	2%	2%	2%
Total cost of increase ...	\$49,432	\$50,420	\$51,429
Total base salary (successor agreement) .....	\$2,521,016	\$2,522,004	\$2,523,013

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

Percentage Impact (average per year over term of agreement) 2%  
 Dollar Impact (average per year over term of agreement) \$2,521,681.00

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011

**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan .....	\$0	\$755,049
Employee Contributions .....	\$0	\$98,741
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:

Nicole Wilczek  
Print Name  
Nicole Wilczek  
Signature

Title: pay roll clerk

Date: 10/15/15