## SUMMARY FORM

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

Public Employer:	Gloucester County Utilities Authority				County: Gloucester		
Employee Organization	Employees in Unit: 39						
Base Year Contract Term:	6/17/2006	6/16/2009 New Contract Term 6/17/2					
Type of Settlement:	☐ Mediated Settle		roll of the control o				
Type or ocuernoss.	L Wediated Detile	ngn L	ace-reger Neconstres	ruation E	J Voluntary Settlemen	st Supe	ir Conciliation
		Column A Base Year - Total Costs (Last Year of Previous agreement)		Column B  New Base Year - Total Costs (First Year of Successor agreement)			
Section II: Economic							1
Item 1 Salary			\$1,957,114		\$2,066,688		
Item 2 Increment		****	***************************************		***************************************		
Item 3 Lor	ngevity		\$0		\$67,342		
Item 4	***************************************	****					
Item 5	***************************************	**************************************					
Item 6						***************************************	
Item 7				·····			
Item 8		with.		***************************************		**************************************	
Item 9							
Item 10							
Item 11			***************************************				
Item 12			***************************************				
Any additional items list on separate si	eet	Additional Items					
Section III: Totals - Sum of costs in each column			\$1,957,114		\$2,134,030		
			(1	otal)	(1)	otal)	
			<u> </u>				
Section IV: Analysis of new succes	sor agreement		NEW AGREE	MENT ANALYSIS			
Total Base Year(previous agreement)	\$1,957,114	····					
Effective Date (m/d/yyyy)		6/17/2009	6/17/2010	6/17/2011	6/17/2012	6/17/2012	6/17/0011
Percent increase		0.0%	3.50%	3.50%	6/17/2012 3.50%	6/17/2013	6/17/2014
Total cost of increase		0.070	\$74,691	\$77,305	\$80,011	3.50%	3.50% \$85,710
Total base salary (successor agreemen	0	\$2,134,030	\$2,208,721	\$2,286,026	\$2,366,037	\$82,811 \$2,448,849	\$2,534,558
Section V: Impact of Settlem	ent - average annual in	crease over term of agr					42,000,1000
Percentage impact (average per year o		_					
Dollar Impact (average per year over te	rm of agreement)	3.50 \$80,105.64					
		400,100.04					
Section VI							
Health Insurance (Indicate costs associ	ated on each line)						
Cost of Health Plan		Base Year	Year 1				
Employée Contributions		<u> </u>		***************************************			
Prescription		\$0	\$0			***************************************	
Dental		***************************************		***************************************			***************************************
Vision							***************************************
		***************************************		4444	***************************************		
The undersigned certifies th	at the foregoing figure	s are true and is awar	e that if any of the fo	regoing items are fals	e, s/he is subject to p	unisment.	
Section VII		~					
Prepared by:	037	Bamfo	Cone	Title: ASST. DITECTOR			705
	Print Name				Title: <u>ASST. Director</u> Date: <u>June</u> 18, 2013		
	***************************************		and the same of th	Date:	500€	18,2	510
		Signature	The state of the s				_