

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: City of Absecon County: Atlantic
 Employee Organization: IBT Loc 107 Employees in Unit: 5
 Base Year Contract Term: 1/1/2011 12/31/2014 New Contract Term 1/1/2015 12/31/2018
 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>
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$241,276</u>	<u>\$262,297</u>
Item 2 <u>Increment</u>	<u>\$9,000</u>	<u>\$5,196</u>
Item 3 <u>Longevity</u>	<u>\$12,021</u>	<u>\$0</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	<u>\$262,297</u> (Total)	<u>\$267,493</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$262,297</u>				
Effective Date (m/d/yyyy)	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	<u>1/1/2018</u>	
Percent Increase	<u>2%</u>	<u>2%</u>	<u>2%</u>	<u>2%</u>	
Total cost of increase ..	<u>\$5,196</u>	<u>\$5,350</u>	<u>\$5,457</u>	<u>\$5,566</u>	
Total base salary (successor agreement)	<u>\$267,493</u>	<u>\$272,843</u>	<u>\$278,300</u>	<u>\$283,866</u>	

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

Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$33,230.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	<u>\$121,206</u>	<u>\$133,058</u>			
Employee Contributions	<u>\$13,000</u>	<u>\$15,997</u>			
Prescription					
Dental	<u>\$7,500</u>	<u>\$8,528</u>			
Vision	<u>\$472</u>	<u>\$472</u>			

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: Jessica Thompson Title: Administrator/CFO
 Print Name
Jessica Thompson Date: 9/23/2015
 Signature