

**SUMMARY FORM  
COLLECTIVE BARGAINING AGREEMENT  
POLICE AND FIRE**

Public Employer: Township of Mullica Employee Organization PBA Local #77 -Rank & File

Base Year Contract Term: 1/1/2007 12/31/2010 New Contract Term 1/1/2011 12/31/2015

Synopsis of Settlement/ Award/Recommendation: 1.5% contribution of salary toward health benefits, increase years of service to 20 with twp to qualify for post-retirement health benefits, eliminate longevity, add academy step, freeze step % increases.

**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.

	<u>BASE YEAR</u>	<u>NEW BASE YEAR</u>	<u>INCLUDED IN NEW BASE</u>	
	<i>(previous agreement)</i>	<i>(successor agreement)</i>	<i>Economic</i>	<i>Non-Economic</i>
Salary:	_____	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Increment:	_____	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
% Increase:	<u>4.00%</u>	<u>2.00%</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Avg. Yield	_____	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
per person in dollars:	<u>\$5,200.00</u>	<u>3900</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Uniforms:	<u>\$1,000.00</u>	<u>\$1,000.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Boot/Shoe:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Longevity:	<u>4000.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Holiday Pay:	<u>\$5,200.00</u>	<u>\$5,304.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Shift Differential	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Overtime:	_____	_____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Stipends:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bonuses:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Education:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EMT:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other*:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

\* Additional Costs: (please list on separate sheet & include in total)

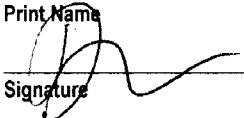
**Medical:** Medical Costs are not included in the base salary but must be included in the analysis as part of the summary

Contributions:	<u>\$240 annually per employee</u>	<u>1.5% salary</u>
Cost of Health	<u>11,530 per employee annually avg</u>	<u>12,536 per employee annually avg</u>
Prescription	<u>4185.36 per employee annually avg</u>	<u>4460 per employee annually avg</u>
Dental:	<u>1663 per employee annually avg</u>	<u>1663 per employee annually avg</u>
Vision:	<u>234.38 per employee annually avg</u>	<u>234.48 per employee annually avg</u>

**NEW AGREEMENT ANALYSIS**

Effective Date	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	<u>2.00%</u>	<u>2.00%</u>	<u>2.00%</u>	<u>2.00%</u>
Avg. Yield (p/p*)	_____	_____	_____	_____
Cost of Increase/:	_____	_____	_____	_____
<b>Impact of Settlement:</b>				
Percentage Impact:	<u>0.00%</u>	<u>0.00%</u>	<u>0.00%</u>	<u>0.00%</u>
Actual dollar Impact:	_____	_____	_____	_____
<b>TOTAL BASE SALARY AT END OF EACH YEAR</b>	_____	_____	_____	_____

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.

**Prepared by:** Dawn M. Stollenwerk Title: CFO  
 Print Name \_\_\_\_\_  
 Signature  Date: 9/21/2011