

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Township of Voorhees County: Camden  
 Employee Organization: Voorhees Township Public Works Association Employees in Unit: 34  
 Base Year Contract Term: 1/1/2008 12/31/2011 New Contract Term: 1/1/2012 12/31/2015  
 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>	<u>\$2,021,109</u>	<u>\$2,061,531</u>
Item 2 ..... <u>Increment</u>	<u>\$0</u>	<u>\$0</u>
Item 3 ..... <u>Longevity</u>	<u>\$20,190</u>	<u>\$20,594</u>
Item 4 ..... <u>Clothing Maintenance Allow.</u>	<u>\$8,500</u>	<u>\$8,500</u>
Item 5 ..... <u>Pager Time</u>	<u>\$7,020</u>	<u>\$7,020</u>
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
<i>Any additional items list on separate sheet Additional Items</i>		
<b>Section III: Totals - Sum of costs in each column</b>	<u>\$2,056,819</u>	<u>\$2,097,645</u>
	<u>(Total)</u>	<u>(Total)</u>

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,056,819

Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	1/1/2015
Percent Increase .....	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Total cost of increase ..	<u>\$40,826</u>	<u>\$41,953</u>	<u>\$42,792</u>	<u>\$43,648</u>
Total base salary (successor agreement) .....	<u>\$2,097,645</u>	<u>\$2,139,598</u>	<u>\$2,182,390</u>	<u>\$2,226,038</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) \$42,305.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$434,780</u>	<u>\$491,592</u>	<u>\$496,696</u>		
Employee Contributions .....	<u>\$0</u>	<u>\$32,458</u>	<u>\$59,124</u>		
Prescription .....	<u>\$119,226</u>	<u>\$138,028</u>	<u>\$138,420</u>		
Dental .....	<u>\$2,897</u>	<u>\$2,897</u>	<u>\$2,897</u>		
Vision .....	<u>\$0</u>	<u>\$0</u>	<u>\$0</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: Debra Campbell, CMFO, RMC Title: Human Resource Director  
 Print Name  
Debra Campbell Signature Date: 5/14/2013