## **SUMMARY FORM**

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

Section I: Agreement Deta		OUNTY UTILITIES	AUTHORITY		Gloucester		
Public Employer:	· · · · · · · · · · · · · · · · · · ·	***************************************			County.		
Employee Organization	UNITED STEELW	ORKERS LOCAL 4	Empayees in Oile.				
Base Year Contract Term:	Base Year Contract Term: 6/17/2009 6/16/2014			ct Term 6/17/201	4 6/16/2017		
Type of Settlement:	☐ Mediated Settle	ment	act-Finder Recommend	dation 🛮	Voluntary Settlement Super C	Conciliation	
			Colur <u>Base Year -</u> (Last Year of Pre	Total Costs	Column B  New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Item 1 Sa	lary	-	\$2,593,094		\$2,398,781		
Item 2 Inc	em 2 Increment		\$51,862		\$47,976		
Item 3 Longevity			\$57,887		\$57,340		
Item 4							
Item 5							
ltem 6							
Item 7					***************************************		
Item 8		-					
Item 9							
Item 10		*****					
Item 11			l				
Item 12					***************************************		
Any additional items list on separate s	heet	Additional Items					
Spetion III: Totals - 6	ate in each actual		\$2,702,843		\$2,504,097		
Section III: Totals - Sum of costs in each column							
			(10	otal)	(Total)		
Section IV: Analysis of new successor agreement			NEW AGREEMENT ANALYSIS				
Total Base Year(previous agreement)	\$2,702,843						
Effective Date (m/d/yyyy)			61:-1	61-1			
Percent Increase		6/17/2014	6/17/2015	6/17/2016		www.	
Total cost of increase		2%	2%	2%			
Total base salary (successor agreeme	nt	\$51,862 \$2,398,781	\$47,976	\$48,935			
Section V: Impact of Settler			\$2,446,756 reement	\$2,495,692			
Percentage Impact (average per year	_	2.00					
Dollar Impact (average per year over t	erm of agreement)	\$48,000.00					
Section VI							
Health Insurance (Indicate costs asso	ciated on each line)						
Cost of Health Plan		Base Year \$194,613	\$725,584				
Employee Contributions		\$1,680	\$17,370				
Prescription		~ 1,000	w.,,010				
Dental			***************************************				
Vision							
The undersigned certifies (	that the foregoina figure	es are true and is awa	re that if any of the fo	oregoing items are false	, s/he is subject to punisment.		
Section VII							
Prepared by:	Ted Bamfo	ord		Title:	Assistant Executive Director		
,	**************************************	Print Name					
	***************************************		organization and the second	Date:	6/26/2015		
		Signature	Manager and State and Stat				