

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Borough of Westwood County: Bergen  
 Employee Organization: Teamsters Local 125 Employees in Unit: 9 - 10  
 Base Year Contract Term: 1/1/06 - 12/31/10 New Contract Term 1/1/11 - 12/31/14  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		2010      Column A Base Year - Total Costs (Last Year of Previous agreement)	2011      Column B New Base Year - Total Costs (First Year of Successor agreement)	
<b>Section II: Economic</b>		<u>474,948.39</u>	<u>562,886.92</u>	<u>10 employees</u>
Item 1 .....		<u>Salary</u>	<u>9 employees</u>	
Item 2 .....		<u>Increment</u>	<u>10,025.98</u>	
Item 3 .....		<u>Lonevity</u>	<u>6,949.92</u>	<u>9,384.72</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		
<b>Section III: Totals - Sum of costs in each column</b>				
		(Total)	(Total)	
		<u>481,895.31</u>	<u>582,297.62</u>	

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**Total Base Year (previous agreement) 474,948.39

Effective Date (mm/dd/yyyy)	<u>1/1/11</u>	<u>1/1/12</u>	<u>1/1/13</u>	<u>1/1/14</u>	
Percent Increase .....	<u>1.75%</u>	<u>1.75%</u>	<u>2%</u>	<u>2%</u>	
Total cost of increase .....	<u>10,025</u>	<u>10,201</u>	<u>10,405</u>	<u>10,614</u>	
Total base salary (successor agreement) .....	<u>572,271.64</u>				

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

Percentage Impact (average per year over term of agreement) 1.88%  
 Dollar Impact (average per year over term of agreement) 10,312

**Section VI**

Health Insurance (Indicate costs associated for each item)	2010      Base Year	Year: 2011
Cost of Health Plan .....	<u>N/A</u>	<u>158,679.36</u>
Employee Contributors .....	<u>N/A</u>	<u>6,950.68</u>
Prescription .....	<u>N/A</u>	
Dental .....	<u>N/A</u>	
Vision .....	<u>N/A</u>	

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.***Section VII**

Prepared by:

Robert S. Hoffmann  
Print Name  
Robert S. Hoffmann  
Signature

Title: Borough Administrator  
 Date: 6/14/2012