SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	ails WEST DEPTFORD	TOWNSHIP		County: Gloucester Employees in Unit: 36				
Employee Organization	PUBLIC WORKS							
, ,	1/10/2010	1/10/2010 12/31/2013		ract Term <u>1/1/201</u> 4				
Base Year Contract Term:				_				
Type of Settlement:	☐ Mediated Settlem	ent LI Fac	act-Finder Recommen	dation 🛂	Voluntary Settlement	☐ Super Co	nciliation	
		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		New Base Year - To	Column B New Base Year - Total Costs (First Year of Successor agreement)			
Section II: Economic		1						
Item 1 Sal	lary	_	\$2,311,429		\$2,376,135			
Item 2 Incr	rement	_						
Item 3 Lon	ngevity	-	\$109,585	[\$109,585			
Item 4 UNIF	FORM MAINTENANCE		\$19,240	I	\$18,720			
Item 5 SAFI	ETY SHOES		\$10,360		\$10,080			
Item 6 CLAS	ASS "A"	_	\$3,432		\$3,432			
Item 7 GYM	M REIMBURSEMENT	_	\$17,538		\$13,500			
Item 8			ļ					
ltem 9		! 						
Item 10		- 						
Item 11		<u>.</u>						
Item 12								
Any additional items list on separate sh	neet	Additional Items						
Section III: Totals - Sum of cos	sts in each column	!	\$2,471,584		\$2,531,452			
		ļ	(T/	Total)	(Total)			
Section IV: Analysis of new success	assor agreement		NEW AGREE	EMENT ANALYSIS				
Total Base Year(previous agreement)	\$2,471,584		-					
Effective Date (m/d/yyyy)								
Effective Date (m/d/yyyy) Percent Increase		1/1/2014	1/1/2015	1/1/2016				
Total cost of increase		2%	2%	2%	<u> </u>			
	-	\$49,432	\$50,420	\$51,429				
Total base salary (successor agreemen		\$2,521,016	\$2,522,004	\$2,523,013				
Section V: Impact of Settlem	-	rease over term of agre	eement					
Percentage Impact (average per year o		2%						
Dollar Impact (average per year over te	arm of agreement)	\$2,521,681.00	_		ns based on plan cos			
Section VI		_		pursuant to	Chapter 78, P.L. 201	1	1	
Hea'th Insurance (Indicate costs associ	Saled on each line)				· · · · · · · · · · · · · · · · · · ·			
e i stronte plan		Base Year	Year 1					
Cost of Health Plan		\$0	\$755,049					
Employee Contributions	***************************************	\$0	\$98,741		Section 1 de la constant de la const			
Prescription								
Dental								
Vision								
The undersigned certifies the	hat the foregoing figures	s are true and is awar	e that if any of the f	oregoing items are false	a, s/he is subject to punisn	nent.		
Section VII	Λ ,					1		
Prepared by:	Nicole	e Wileo Print Name	zel	Title:	payou	clerte		
	dia	lefy	1 ·	Date:	10/15/15			