

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

Public Employer: City of Northfield Employee Organization IAFF Local #2364

Base Year Contract Term: 1/1/2011 12/31/2014 New Contract Term 1/1/2015 12/31/2019

Synopsis of Settlement/Award/Recommendation: 2% increase top steps, frozen steps. NJ Direct 15 minimum health plan/higher contributions if employee chooses NJ Direct 10. Eliminated emergency pay for essential personnel.

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> <i>(previous agreement)</i>	<u>NEW BASE YEAR</u> <i>(successor agreement)</i>	<u>INCLUDED IN NEW BASE</u>			
			<u>Economic</u>		<u>Non-Economic</u>	
Salary:	_____	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increment:	_____	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
% Increase:	<u>2.00%</u>	<u>2.00%</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Avg. Yield	_____	_____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
per person in dollars:	<u>\$1,429.00</u>	<u>1458.00</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uniforms:	<u>\$800.00</u>	<u>\$800.00</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Boot/Shoe:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Longevity:	<u>3574.00</u>	<u>\$4,374.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Holiday Pay:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shift Differential:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overtime:	_____	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stipends:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bonuses:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education:	_____	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMT:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other*:	<u>\$0.00</u>	<u>\$0.00</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input 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>\$7,853.45 per employee</u>	<u>Ch 78/\$ 6,581.00</u>
Cost of Health	<u>\$24,505.00 per employee annually avg</u>	<u>23,340 per employee annually avg</u>
Prescription	<u>\$8,298.80 per employee annually avg</u>	<u>8,298.80 per employee annually avg</u>
Dental:	<u>1,069 per employee annually avg</u>	<u>1,069 per employee annually avg</u>
Vision:	<u>\$161.52 per employee annually avg</u>	<u>161.52 per employee annually avg</u>

NEW AGREEMENT ANALYSIS

	<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*)	<u>1429.00</u>	<u>1458.00</u>	<u>1487.00</u>	<u>1517.00</u>
Cost of Increase/:	_____	<u>5736</u>	<u>5850</u>	<u>5967</u>
Impact of Settlement:				
Percentage Impact:	<u>2.00%</u>	<u>2.00%</u>	<u>2.00%</u>	<u>2.00%</u>
Actual dollar Impact:	_____	<u>\$7,845.00</u>	<u>\$7,378.00</u>	<u>\$7,524.00</u>
TOTAL BASE SALARY				
AT END OF EACH YEAR	<u>\$380,934.00</u>	<u>\$368,879.00</u>	<u>\$376,257.00</u>	<u>\$383,781.00</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.

Prepared by: Dawn M. Stollenwerk Title: CFO
 Print Name: _____
 Signature:  Date: 8/20/2015