# SUMMARY FORM

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

### Section I: Agreement Details

Public Employer: Borough of Stone Harbor County: Cape May

Employee Organization Local 2327, UAW Employees in Unit: 3

Base Year Contract Term: 1/1/2009 12/31/2012 New Contract Term 1/1/2013 12/31/2013

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☑ Voluntary Settlement ☐ Super Conciliation

### Section II: Economic

| | | Column A<br>Base Year - Total Costs<br>*(Last Year of Previous agreement)* | Column B<br>New Base Year - Total Costs<br>*(First Year of Successor agreement)* |
|---|---|---|---|
| *Item 1* | Salary | $127,992 | $140,922 |
| *Item 2* | Increment | | |
| *Item 3* | Longevity | $9,930 | $0 |
| *Item 4* | Tuition Reimbursement | | |
| *Item 5* | Extra Curricular | | |
| *Item 6* | | | |
| *Item 7* | | | |
| *Item 8* | | | |
| *Item 9* | | | |
| *Item 10* | | | |
| *Item 11* | | | |
| *Item 12* | | | |
| Any additional items list on separate sheet | Additional Items | | |
| **Section III: Totals** - Sum of costs in each column | | $137,922<br>(Total) | $140,922<br>(Total) |

### Section IV: Analysis of new successor agreement

*NEW* AGREEMENT ANALYSIS

Total Base Year(previous agreement) $137,922

| | | | | | | |
|---|---|---|---|---|---|---|
| Effective Date (m/d/yyyy) | 1/1/2013 | | | | | |
| Percent Increase | $3000 | | | | | |
| Total cost of increase | $3,000 | | | | | |
| Total base salary (successor agreement) | $140,922 | | | | | |

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

Percentage Impact (average per year over term of agreement) 2.18%

Dollar Impact (average per year over term of agreement) $3,000.00

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011

### Section VI

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

| | *Base Year* | *Year 1* | | | | |
|---|---|---|---|---|---|---|
| Cost of Health Plan | $47,303 | $51,404 | | | | |
| Employee Contributions | $0 | $2,792 | | | | |
| Prescription | | | | | | |
| Dental | | | | | | |
| Vision | | | | | | |

*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 punisment.*

### Section VII

Prepared by: James Nicola Title: CFO

Print Name

Date: 6/18/2013

Signature

Send completed & signed form, a signed and dated copy of contract, signed and dated certification as well as a word processing version of contract to contracts@perc.state.nj.us