SUMMARY FORM

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

Section 1: Agreement Deta Public Employer:	The Borough of New Milford The New Milford Public Works Employees Benevolent Association				County: Bergen Employees in Unit 20	
Employee Organization						
Base Year Contract Term:	1/1/2008 12/31/2011		New Contr	act Term 1/1/2012	12/31/2014	
Type of Settlement	☑ Mediated Settl	lement	ct-Finder Recomme	ndation 🗀 v	Voluntary Settlement	Super Conciliation
A A A A A A A A A A A A A A A A A A A			Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)	
Section II: Economic						
Item 1 Salary			\$1,299,205		\$1,331,688	
Item 2 Incr			\$0		\$69,046	
Item 3 Longevity			\$62,612			
Item 4 Unifo	orm Allowance		\$6,000		\$6,000	
Item 5						
Item 6						
llem 7		_				· ·
Item 8	···	_				
Item 9			***************************************			
Item 10						
Item 11						
Item 12						
Any additional items list on separate sh	reet	Additional items				
Section III: Totals - Sum of coets in each column			\$1,367,817		\$1,406,734	
			(Total)	(fotal)	
•						
Section IV: Analysis of new succes	ssor agreement		<i>NEW</i> AGRE	EMENT ANALYSIS		
Total Base Year(previous agreement)	\$1,367,81	7	,			
		-				
Effective Date (m/d/yvyy)		1/1/2012	1/1/2013	1/1/2014		
Percent Increase		2.5%	2.0%	1.5%		
Total cost of increase		\$38,917	\$30,109	\$23,234		
Total base selary (successor agreeme	nt)	\$1,406,734	\$1,436,843	\$1,460,077		
Section V: Impact of Settler	nent - average annual	increase over term of agr	reement			
Percentage Impact (average per year	over term of agreement)	2.11				
Dollar Impact (average per yesr over t	erm of agreement)	\$30,753.33				
Section VI						
Health Insurance (Indicate custs asso	cisted on each line)					
Cost of Health Plan		Base Year	Year 1	\$20E 007	5305 067	•
		\$305,967	\$305,967	\$305,967	\$305,967	
Employee Contributions		\$22,730	\$22,730	\$22,730	\$22,730	
Prescription						
Dentali		\$21,194	\$21,194	\$21,194	\$21,194	
Vision						
The undersigned certifies (that the foregoing figu	ures are true and is awa	re that if any of the	foregoing items are false	, s/he is subject to punisment	<u>:</u>
Section VII						
Prepared by:	Steven D	Wielkotz		Title:	CPA, RMA, PSA	
opurod by.	5.07011	Pant Name		_	. ,	
	A.			Date:	41313	
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