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

Public Employer: City of Northfield			Employee Organization	GWU Local 410 - Supervisory Employees		
Base Year Contract Term: 1/1/2013 12/31/2015		12/31/2015	New Contract Term	1/1/2016	12/31/2017	
Synopsis of Settlemer Award/Recommendat	2% salary incr	ease, health benefits ward health benefits		rect 15 as base	e plan (from NJ Direct 10). Maximum	
	BASE YEAR (previous agreement)		EW BASE YEAR cessor agreement)			
Salary:		\$395,220.	00			
Increment: % Increase:	2.00%	2.00%		- -		
Avg. Yield		2004				
per person in dollars: Uniforms:	\$600.00	\$600.00		_		
Boot/Shoe:	\$0.00	\$0.00		_		
Longevity:	0	\$0.00		_		
Holiday Pay:	\$0.00	\$0.00		_		
Shift Differential	\$0.00	\$0.00		_		
Overtime: Stipends:	\$0.00	\$0.00		_		
Bonuses:	\$0.00	\$0.00		-		
Education:	\$0.00	\$0.00		_		
EMT:	\$0.00	\$0.00		_		
Other*:	\$0.00	\$0.00		_		
* Additional Costs: (p.	lease list on separate sh	eet & include in total				
Medical:	\$600.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.0					
Medical.						
Contributions:	\$1967.52 annual avg per employee	\$2,645.76	annual avg per employee			
Cost of Health	st of Health \$22,538.40 annual avg per employee		2 annual avg per employee	_ _		
		\$4,601.52	annual avg per employee	_		
				_		
Vision: \$122.16 annual avg per employee		\$119.40 a	nnual avg per employee	_		
		<u>NE</u>	W AGREEMENT ANAL)	<u>(SIS</u>		
Effective Date	<u>Y</u> (<u>ear</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>	
% Increase	-4.00%	2.00	%	0.00%	0.00%	
Avg. Yield (p/p*)	-2886.94	1317	.40			
Cost of Increase/:	-17321.66	7904	.40			
Import of Cattleman	L.					
Impact of Settlement Percentage Impact:	2.00%	2.00	x.	0.00%	0.00%	
Actual dollar Impact:	-\$17,321.66	\$7,90				
•						
TOTAL BASE SALAI AT END OF EACH Y		\$403	,124.91			
The undersigned cer	tifies that the foregoin	g figures are true and is	aware that if any of the	oregoing items a	re false, s/he is subject to punishment.	
Drongrad by	Dawn M St	ollenwenk		Tisla, CFO		
Prepared by:	Print Name			Title: CFO		
	, int Maile		_	Date: 5/5/20	o16	
	Signature	7				