

**SUMMARY FORM**

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

**AUG 04 2017**

**Section I: Agreement Details**

Public Employer: Township of Hamilton County: Atlantic  
 Employee Organization: Teamsters Union Local 331, IBT Employees in Unit: 44  
 Base Year Contract Term: 1/1/2012 12/31/2014 New Contract Term 1/1/2015 12/31/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$2,374,362</u>	<u>\$2,374,362</u>
Item 2 ..... <u>Increment</u>		<u>\$47,487</u>
Item 3 ..... <u>Longevity</u>		
Item 4 ..... <u>College Incentive</u>	<u>\$6,953</u>	<u>\$6,953</u>
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
<small>Any additional items list on separate sheet Additional Items</small>		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$2,381,315</u> (Total)	<u>\$2,428,802</u> (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$2,381,315</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	
Percent Increase	<u>2%</u>	<u>2%</u>	<u>2%</u>	
Total cost of increase	<u>\$47,487</u>	<u>\$48,437</u>	<u>\$49,406</u>	
Total base salary (successor agreement)	<u>\$2,428,802</u>	<u>\$2,477,239</u>	<u>\$2,526,645</u>	

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$48,443.00

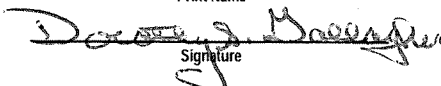
**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan	<u>\$700,395</u>	<u>\$765,664</u>			
Employee Contributions	<u>\$57,413</u>	<u>\$85,109</u>			
Prescription	<u>\$183,225</u>	<u>\$197,518</u>			
Dental	<u>\$50,601</u>	<u>\$28,708</u>			
Vision	<u>\$10,980</u>	<u>\$6,608</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.*

**Section VII**

Prepared by: Dorothy S. Gallagher Title: Chief Financial Officer  
 Print Name  
  
 Signature  
 Date: 9/8/2015