SUMMARY FORM

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

Section I: Agreement Deta	tails Lambertville Munic	cipal Utilities Au	thority		Overt	f: Hunterdon	
Public Employer: Employee Organization	Communications W		· · · · · · · · · · · · · · · · · · ·	- dyn-troy of a stary day union number to entere		yees in Unit: 5	
Employee Organization Base Year Contract Term:	7/1/2010	6/30/2013		ntract Term 7/1/20			
Type of Settlement:	☐ Mediated Settlem		Fact-Finder Recomme		☑ Voluntary Settlement		•
тура от оситеть.	I Wishard School	ent	-act-riphes recommen	Magnon .	Voluntary Settlement	Super Conciliation	
				olumn A ar - Total Costs	Column B New Base Year - To		
				Previous agreement)	(First Year of Successo	or agreement)	
Section II: Economic							
Item 1Sala		-	\$233,454		\$240,458		
***************************************	rement	•	\$0		\$0	· .	
	ngovity	-	\$0		\$0		
Item 4]		I		
1tom 5		-	<u> </u>		<u> </u>		
Item 6	***************************************		ļ				
ttem 7	<u> </u>	•					
Item 8	Reserved to the second	# ·		allamanta de la constante de 	and the second of the second o		
Item 9		•					
ttem 10		*			the state of the s		
Item 11		•					
Any additional items list on separate she		s. A Jaland Hang			<u> </u>		
Алу восколав петь из ин этричи и	.et	Additional Items	<u> </u>			<u> </u>	
Section III: Totals - Sum of costs	ts in each column		\$233,454		\$240,458		
				(Total)	(Total)		
			,	otalj	Aldrens		
			1		<u> </u>	L	
Section IV: Analysis of new successor Total Reco Vacatamic un processor	_		NEW AGREE	EMENT ANALYSIS			
Total Base Year(previous agreement)	\$233,454	_					
Effective Date (m/d/yyyy)	•	7/1/2013	7/1/2014	7/1/2015	7/1/2016		
Percent Increase		3.0%	3.0%	3.0%	3.0%		
Total cost of increase		\$7,004	\$7,214	\$7,430	\$7,653		
Total base salary (successor agreement)		\$240,458	\$247,672	\$255,102	\$7,653 \$262,755		_
Section V: Impact of Settleme				Ψ2.00, ,	ψενε,σο		
Percentage impact (average per year ove	zar term of avecomont)		30mem				
Dollar Impact (average per year over term		\$7,325.00					
mande to have for some 1	Tol agreemany	\$1,320.00					
Section VI			<u>-</u>			٠.	
Health Insurance (Indicate costs associate	ded on each fine)		<u> </u>	Circle House to the control of the 	### Table 1		
5 - 211 - 10, Slav		Base Year	Year 1				
Cost of Health Plan	•	\$32,938	\$39,084		-	****	reinpad
Employee Contributions		\$0	\$2,260	***************************************			
Prescription							There
Dental							neotics:
Vision							
The undersigned certifies that	at the foregoing figures a	re true and is awars	e that if any of the fo	vegoing items are fals	se, s/he is subject to punismer	ant <u>.</u>	
Gection VII							
Prepared by:	Thomas F. H	Thomas F. Horn, P.E. Print Name		Title:	Executive Director	r	
					**************************************	· · · · · · · · · · · · · · · · · · ·	
	Thon	was t.	Hor	Date:	9/9/2014		
		Signature					