

**SUMMARY FORM
COLLECTIVE BARGAINING AGREEMENT
POLICE AND FIRE**

Public Employer: Borough of River Edge Employee Organization River Edge PBA Local 201

Base Year Contract Term: 1/1/10-12/31/10 New Contract Term 1/1/11 - 12/31/14

Synopsis of Settlement/ Award/Recommendation: New Hires - No % longevity see guide. New Hires - No 585 severance benefit
New Hires - New Guide 1/1/11=0%, 7/1/12=2%, 1/1/13=2%, 1/1/14=2%
Schedule Memorialized. Griev step increases to 3weeks. OT for Grants & POD

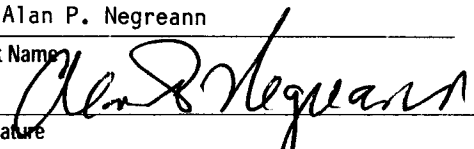
N.J.S.A. 34:13A-16.7(a): Base salary is the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount provided for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs.

	<u>BASE YEAR</u>	<u>NEW BASE YEAR</u>	<u>INCLUDED IN NEW BASE</u>	
	<i>(previous agreement)</i>	<i>(successor agreement) (2014)</i>	<i>Economic</i>	<i>Non-Economic</i>
Salary:	<u>Top = 100,479</u>	<u>Top = 106,630</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Increment:	<u>N/A</u>	<u>6,151</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
% Increase:	<u>0.00% N/A</u>	<u>0.00% 6.12 over 4years</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Avg. Yield per person in dollars:	<u>N/A</u>	<u>6,151</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Uniforms:	<u>None</u>	<u>See increment</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Boot/Shoe:	<u>None</u>	<u>None</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Longevity:	<u>2,4,6,8,10% every 4 years</u>	<u>None</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Holiday Pay:	<u>14@1.5 into base</u>	<u>New Hires- see guide</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Shift Differential:	<u>75 Days Higher Rank</u>	<u>14@1.5 into base</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Overtime:	<u>Rate of 1.5</u>	<u>No Change</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Stipends:	<u>None</u>	<u>No Change</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Bonuses:	<u>None</u>	<u>None</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Education:	<u>No Change</u>	<u>No Change</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EMT:	<u>N/A</u>	<u>N/A</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other*:	<u>Court Time 1.5</u>	<u>No Change</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
* Additional Costs: (please list on separate sheet & include in total)	<u>Recall Time 2 HR 1.5</u>	<u>No Change</u>		<u>X</u>
Medical:	<u>On Call 4 HRS Comp</u>	<u>No Change</u>		<u>X</u>
	<i>Medical Costs are not included in the base salary but must be included in the analysis as part of the summary</i>			
Contributions:	<u>6,360</u>	<u>19,272</u>		
Cost of Health:	<u>203,128</u>	<u>221,773</u>		
Prescription:	<u>N/A</u>	<u>N/A</u>		
Dental:	<u>N/A</u>	<u>N/A</u>		
Vision:	<u>N/A</u>	<u>N/A</u>		

NEW AGREEMENT ANALYSIS

Effective Date	Year 1/1/11	Year 1/1/12	Year 1/1/13	Year 1/1/14
% Increase	<u>0</u>	<u>2</u>	<u>2</u>	<u>2</u>
Avg. Yield (p/p*)	<u>0</u>	<u>2,010</u>	<u>2,050</u>	<u>2,091</u>
Cost of Increase/	<u>0</u>	<u>20,100</u>	<u>20,500</u>	<u>20,910</u>
Impact of Settlement:				
Percentage Impact:	<u>0</u>	<u>1</u>	<u>2</u>	<u>2</u>
Actual dollar Impact:	<u>0</u>	<u>20,100</u>	<u>20,500</u>	<u>20,910</u>
TOTAL BASE SALARY AT END OF EACH YEAR	<u>Top 100,479</u>	<u>Top 102,489</u>	<u>Top 104,539</u>	<u>Top 106,630</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.**

Prepared by: Alan P. Negreann Title: Borough Administrator/CF0
 Print Name: Alan P. Negreann
 Signature:  Date: 4/13/12

*To the best of my belief and knowledge and interpretation of what is requested on this form.