

# SUMMARY FORM

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

### Section I: Agreement Details

Public Employer: Ocean County Board of Chosen Freeholders County: Ocean  
 Employee Organization: Corrections Professionals Employees in Unit: 5  
 Base Year Contract Term: 4/1/2011 3/31/2014 New Contract Term: 4/1/2014 3/31/2017  
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

|                                                             | Column A<br>Base Year - Total Costs<br>(Last Year of Previous agreement) | Column B<br>New Base Year - Total Costs<br>(First Year of Successor agreement) |
|-------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Section II: Economic                                        |                                                                          |                                                                                |
| Item 1 ..... <u>Salary</u>                                  |                                                                          |                                                                                |
| Item 2 ..... <u>Increment</u>                               |                                                                          |                                                                                |
| Item 3 ..... <u>Longevity</u>                               |                                                                          |                                                                                |
| Item 4 .....                                                |                                                                          |                                                                                |
| Item 5 .....                                                |                                                                          |                                                                                |
| Item 6 .....                                                |                                                                          |                                                                                |
| Item 7 .....                                                |                                                                          |                                                                                |
| Item 8 .....                                                |                                                                          |                                                                                |
| Item 9 .....                                                |                                                                          |                                                                                |
| Item 10 .....                                               |                                                                          |                                                                                |
| Item 11 .....                                               |                                                                          |                                                                                |
| Item 12 .....                                               |                                                                          |                                                                                |
| Any additional items set on separate sheet Additional Items |                                                                          |                                                                                |
| Section III: Totals - Sum of costs in each column           | (Total)                                                                  | (Total)                                                                        |

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \_\_\_\_\_

Effective Date (m/d/yyyy)

4/1/2014 4/1/2015 4/1/2016

Percent Increase .....

1.5%

1.5%

1.5%

Total cost of increase .....

Total base salary (successor agreement) .....

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

Percentage Impact (average per year over term of agreement)

1.5%

Dollar Impact (average per year over term of agreement)

### Section VI

Health Insurance (indicate costs associated on each line)

|                              | Base Year   | Year 1 |  |  |  |
|------------------------------|-------------|--------|--|--|--|
| Cost of Health Plan .....    | <u>SHBP</u> |        |  |  |  |
| Employee Contributions ..... |             |        |  |  |  |
| Prescription .....           |             |        |  |  |  |
| Dental .....                 |             |        |  |  |  |
| Vision .....                 |             |        |  |  |  |

*I, the undersigned, hereby certify that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.*