## SUMMARY FORM

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

Section I: Agreement Details			<b>.</b>
Public Employer: Hamilto	on Township Muni	cipal Utilities Pluthori	County: Atlantic
Employee Organization Govern	ment Workers U	nion	Employees in Unit:
Base Year Contract Term: Sept 1 3	3012 - August 31, 20	New Contract Term Sept	1, 2013 - August 31, 2016
Type of Settlement:	ed Settlement	act-Finder Recommendation	☑ Voluntary Settlement ☐ Super Conciliation
PPORTVINATURE CO. C.			
		Column A Base Year - Total Costs	Column B New Base Year - Total Costs
		(Last Year of Previous agreement)	(First Year of Successor agreement)
Section II: Economic			
Item 1 Salary	<del></del>	302 931,20	310481.60
Item 2 Increment	<del></del>		<u> </u>
Item 3   Longevity	<u> </u>	111 117 5	14171.
0.		14 417.50	14417.50
Item 6 Licenses		5 200.00	5300.00
Item 7 Certification		4 576.00	13 520.00 4576.00
Item 8 Forman's P		10 240,06	6240.00
Item 9	100.0		
Item 10		Patrician	
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		346 884.70	3 54 43 5 12
			354 435.10
•		(Total)	(Total)
	***************************************		
Section IV: Analysis of new successor agreement Total Base Year(previous agreement)		NEW AGREEMENT ANALYSIS	
	<del></del>		
Effective Date (m/d/yyyy)	9/1/2013	9/1/2014 9/1/2015	
Percent Increase	2.18%	a.60% 1.98%	
Total cost of increase	755640	9 232.45 7192.00	
Total base salary (successor agreement)	354435.10	363657.45 370849.	<u>61</u>
Section V: Impact of Settlement - average a	•	reement	
Percentage Impact (average per year over term of agreemen	a.3 %		
Dollar Impact (average per year over term of agreement)	7988.30		
Section VI			
Health Insurance (Indicate costs associated on each line)			
Cost of Health Plan	Base Year	Year 1	
Employee Contributions	120 002:24	16485896	
Prescription	8497.86	14004.93	
Dental			
Vision	<del></del>		
			<u> </u>
The undersigned certifies that the foregoin	ng figures are true and is awar	e that if any of the foregoing items are i	false, s/he is subject to punisment.
Section VII  Prepared by:	0	-	THE TO SEE AS AS
Nanc	Y Camey Print Name		The: Deputy Executive Director sate: 2/24/15
$\mathcal{A}$	- Came	D	late: 2/24/15
1 ton	Signature		