

SUMMARY FORM
COLLECTIVE BARGAINING AGREEMENT
POLICE AND FIRE

Public Employer: _____ Employee Organization _____

Base Year Contract Term: _____ New Contract Term _____

Synopsis of Settlement/
Award/Recommendation: _____

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> <i>(previous agreement)</i>	<u>NEW BASE YEAR</u> <i>(successor agreement)</i>	<u>INCLUDED IN NEW BASE</u>	
			<u>Economic</u>	<u>Non-Economic</u>
Salary:	_____	_____	Yes ___ No ___	Yes ___ No ___
Increment:	_____	_____	Yes ___ No ___	Yes ___ No ___
% Increase:	_____	_____	Yes ___ No ___	Yes ___ No ___
Avg. Yield per person in dollars:	_____	_____	Yes ___ No ___	Yes ___ No ___
Uniforms:	_____	_____	Yes ___ No ___	Yes ___ No ___
Boot/Shoe:	_____	_____	Yes ___ No ___	Yes ___ No ___
Longevity:	_____	_____	Yes ___ No ___	Yes ___ No ___
Holiday Pay:	_____	_____	Yes ___ No ___	Yes ___ No ___
Shift Differential	_____	_____	Yes ___ No ___	Yes ___ No ___
Overtime:	_____	_____	Yes ___ No ___	Yes ___ No ___
Stipends:	_____	_____	Yes ___ No ___	Yes ___ No ___
Bonuses:	_____	_____	Yes ___ No ___	Yes ___ No ___
Education:	_____	_____	Yes ___ No ___	Yes ___ No ___
EMT:	_____	_____	Yes ___ No ___	Yes ___ No ___
Other*:	_____	_____	Yes ___ No ___	Yes ___ No ___

* *Additional Costs: (please list on separate sheet & include in total)*

Medical: Medical Costs are not included in the base salary but must be included in the analysis as part of the summary

Contributions:	_____	_____
Cost of Health	_____	_____
Prescription	_____	_____
Dental:	_____	_____
Vision:	_____	_____

NEW AGREEMENT ANALYSIS

Effective Date	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	_____	_____	_____	_____
Avg. Yield (p/p*)	_____	_____	_____	_____
Cost of Increase/:	_____	_____	_____	_____
Impact of Settlement:				
Percentage Impact:	_____	_____	_____	_____
Actual dollar Impact:	_____	_____	_____	_____
TOTAL BASE SALARY AT END OF EACH YEAR	_____	_____	_____	_____

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: _____

Title: _____

Print Name

Dawn M. Stollenwerk

Signature

Date: _____