

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Borough of Wood-Ridge County: Bergen
 Employee Organization: OPEIU Local 32 DPW Workers Employees in Unit: 10
 Base Year Contract Term: 1/1/2011 12/31/2013 New Contract Term 1/1/2014 12/31/2016
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| | Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i> | Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i> |
|--|---|---|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | \$687,025 | \$700,767 |
| Item 2 <u>Increment</u> | \$0 | \$0 |
| Item 3 <u>Longevity</u> | \$0 | \$0 |
| Item 4 <u>Clothing Allowance</u> | \$15,000 | \$16,000 |
| Item 5 | | |
| Item 6 | | |
| Item 7 | | |
| Item 8 | | |
| Item 9 | | |
| Item 10 | | |
| Item 11 | | |
| Item 12 | | |
| Any additional items list on separate sheet Additional Items | | |
| Section III: Totals - Sum of costs in each column | \$702,025 (Total) | \$716,767 (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

| | | | |
|---|-----------------|-----------------|-----------------|
| Total Base Year (previous agreement) | \$702,025 | | |
| Effective Date (m/d/yyyy) | <u>1/1/2014</u> | <u>1/1/2015</u> | <u>1/1/2016</u> |
| Percent Increase | 2% | 2% | 2% |
| Total cost of increase .. | \$13,742 | \$14,015 | \$14,295 |
| Total base salary (successor agreement) | \$700,767 | \$714,782 | \$729,077 |

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

Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$14,017.00

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 |
|------------------------------|-----------|-----------|
| Cost of Health Plan | \$128,633 | \$138,806 |
| Employee Contributions | \$12,678 | \$12,931 |
| Prescription | | |
| Dental | | |
| Vision | | |

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.

Section VII

Prepared by: Christopher W. Eilert Title: Administrator
 Signature: *Christopher W. Eilert* Date: 10/6/2014