# SUMMARY FORM

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

**Section I: Agreement Details**

Public Employer: The Fairview Free Public Library County: Bergen

Employee Organization: United Public Service Employees Union Employees in Unit: 15

Base Year Contract Term: 1/1/2007 12/31/2009 New Contract Term 1/1/2010 12/31/2015

Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☑ Voluntary Settlement ☐ Super Conciliation

**Section II: Economic**

| | | 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) |
|---|---|---|---|
| Item 1 | Salary | $128,394 | $130,962 |
| Item 2 | Increment | | |
| Item 3 | Longevity | $3,200 | $3,500 |
| Item 4 | | | |
| 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 | | $131,594 (Total) | $134,462 (Total) |

**Section IV:** Analysis of new successor agreement

***NEW*** AGREEMENT ANALYSIS

Total Base Year(previous agreement) $131,594

| Effective Date (m/d/yyyy) | 1/1/2010 | 1/1/2011 | 1/1/2012 | 1/1/2013 | 1/1/2014 | 1/1/2015 |
|---|---|---|---|---|---|---|
| Percent increase | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% | 2.0% |
| Total cost of increase | $2,868 | $3,119 | $2,872 | $2,825 | $3,180 | $2,835 |
| Total base salary (successor agreement) | $130,962 | $133,581 | $136,253 | $138,978 | $141,757 | $144,593 |

**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) $2,949.83

**Section VI**

*Health Insurance (indicate costs associated on each line)*

| | Base Year | Year 1 | | | | |
|---|---|---|---|---|---|---|
| Cost of Health Plan | | | | | | |
| Employee Contributions | | | | | | |
| 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 punisment.*

**Section VII**