SUMMARY FORM

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

Section I: Agreement Deta								
Public Employer:	Jackson Townshi	p Municipal Utilities	c	County: Ocean				
Employee Organization	Transport Worke	rs Union of America	-A.F.LC.I.O Loca	al 225,Branch 4	i,Branch 4 Employees in Unit: 35			
Base Year Contract Term:	1/1/2012	12/31/2014	New Contract Term1/1/2015		12/31/2017			
Type of Settlement:	☐ Mediated Settle	ement	act-Finder Recommen	ndation 🗸	Voluntary Settlement	t 🔲 Supe	r Conciliation	
		Column A Base Year - Total Costs (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)				
Section II: Economic					/		1	
Item 1 Salary		\$1,230,291		\$1,264,157				
Item 2 Increment		\$0		\$0				
Item 3 Lon	gevity	_	\$0		\$0			
Item 4		-			—			
Item 5								
Item 6		-						
ltem 7								
Item 8		_			4			
Item 9		-	-		3			
Item 10		_		-				
Item 11		-	Maria .			-		
Item 12		Additional Items			-			
Any additional items list on separate sh	out	Additional items			-			
Section III: Totals - Sum of costs in each column			\$1,230,291		\$1,264,157			
		(Total)		(Total)				
					1,			
Section IV: Analysis of new success	or agreement		NEW AGDEE	MENT ANALYSIS				
Total Base Year(previous agreement)	\$1,230,291		MENTIONEL	MENT ANALTSIS				
	V1,200,201	_						
Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017	1/1/2015	1/1/2016	1/1/2017	
Percent Increase		2.5%	3.0%	3.05	\$900 Minimum	\$900 Minimum	\$900 Minimum	
Total cost of increase		\$33,866	\$38,833	\$39,732				
Total base salary (successor agreement)	\$1,264,157	\$1,302,990	\$1,342,722				
Section V: Impact of Settleme	ent • average annual ir	crease over term of agn	eement					
Percentage Impact (average per year or	N 2	2.83						
Dollar Impact (average per year over ter	m of agreement)	\$37,477.00						
Section VI								
Health Insurance (Indicate costs associa	ited on each line)							
Cost of Health Plan		Base Year	Year 1					
Employee Contributions		\$451,433	\$522,835		-		-	
Prescription		\$69,205	\$95,303		_			
Dental		\$127,697 \$43,184	\$141,874					
Vision		\$10,200	\$43,184 \$10,200	8				
		W				-		
The undersigned certifies the	at the foregoing figure	es are true and is aware	that if any of the fo	regoing items are false	, s/he is subject to pu	unisment.		
Section VII								
Prepared by: James R. Diaz			1	Title:	Asst. Exec. D	ir./Dir. of Fina	nce	
		Print Name	/ /	· ·	-161			
		Signature	-	Date:	5/6/2015			
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