

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Township of WEEHAWKEN County: Hudson
Employee Organization: NJ Council 52 - AFSCME Local 3116 Employees in Unit: 81
Base Year Contract Term: 7/1/09 - 6/30/10 New Contract Term: 7/1/10 - 6/30/14
Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1	Salary	<u>22291095,-</u>	<u>2255973,-</u>
Item 2	Increment	<u></u>	<u></u>
Item 3	Longevity	<u>20200,-</u>	<u>5000,-</u>
Item 4		<u></u>	<u></u>
Item 5		<u></u>	<u></u>
Item 6		<u></u>	<u></u>
Item 7		<u></u>	<u></u>
Item 8		<u></u>	<u></u>
Item 9		<u></u>	<u></u>
Item 10		<u></u>	<u></u>
Item 11		<u></u>	<u></u>
Item 12		<u></u>	<u></u>
Any additional items list on separate sheet	Additional Items	<u></u>	<u></u>
Section III: Totals - Sum of costs in each column		<u>2249895,-</u> (Total)	<u>2260973,-</u> (Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>22291095,-</u>
Effective Date (mm/yyyy)	<u>7/1/10-</u>
Percent Increase	<u>2.0</u>
Total cost of increase	<u>44514,-</u>
Total base salary (successor agreement)	<u>2273646,-</u>

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

Percentage Impact (average per year over term of agreement)
1.5
Dollar Impact (average per year over term of agreement)
33949

Section VI

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1	Year 2	Year 3	Year 4	Year 5
Cost of Health Plan	<u>786846</u>	<u>786846</u>	<u></u>	<u></u>	<u></u>	<u></u>
Employee Contributions	<u>30930</u>	<u>42082</u>	<u></u>	<u></u>	<u></u>	<u></u>
Prescription	<u>279883</u>	<u>321704</u>	<u></u>	<u></u>	<u></u>	<u></u>
Dental	<u>32244</u>	<u>32244</u>	<u></u>	<u></u>	<u></u>	<u></u>
Vision	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

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:

Jessica Hamilton
Print Name
Jessica Signature
Date: 8/1/12

Title: Payroll