

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: City of Absecon County: Atlantic  
 Employee Organization: IBT Loc 107 Employees in Unit: 5  
 Base Year Contract Term: 1/1/2007 12/31/2010 New Contract Term 1/1/2011 12/31/2014  
 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>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$249,513	\$259,299
Item 2 ..... <u>Increment</u>	\$6,500	\$6,000
Item 3 ..... <u>Longevity</u>	\$13,361	\$10,305
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$269,374</u> (Total)	<u>\$275,604</u> (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$269,374</u>				
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2011</u>	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	
Percent Increase .....	<u>2%</u>	<u>4%</u>	<u>4%</u>	<u>4%</u>	
Total cost of increase ...	<u>\$6,230</u>	<u>\$9,000</u>	<u>\$9,000</u>	<u>\$9,000</u>	
Total base salary (successor agreement) .....	<u>\$265,299</u>	<u>\$232,276</u>	<u>\$241,276</u>	<u>\$250,276</u>	

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

Percentage Impact (average per year over term of agreement) 3.50  
 Dollar Impact (average per year over term of agreement) \$33,230.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$73,510	\$77,973			
Employee Contributions .....					
Prescription .....					
Dental .....	\$5,874	\$6,168			
Vision .....	\$472	\$472			

*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 Thompson Title: Administrator/CFO  
 Print Name  
Jessica Thompson Date: 9/23/2015  
 Signature