

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: County of Bergen County: Bergen
 Employee Organization: CWA 1036 Parks Mid Mgt Employees in Unit: 15
 Base Year Contract Term: 01/01/08-12/31/11 New Contract Term: 01/01/12-12/31/15

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

Column A	Column B
Base Year-Total Costs	New Base Year-Total Costs
(Last Year of Previous agreement)	(First Year of Successor agreement)

Section II: Economic

Item 1..... Salary	\$1,114,211	\$1,114,211
Item 2..... Increment		
Item 3..... Longevity	\$16,350	\$16,350
Item 4.....		
Item 5.....		
Item 6.....		
Item 7.....		
Item 8.....		
Item 9.....		
Item 10.....		
Item 11.....		
Item 12.....		
Additional items		

Any additional items list on separate sheet

Section III: Totals -

\$1,130,561	\$1,130,561
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Sum of costs in each column

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$1,130,561			
Effective Date (m/d/yyyy)	01/01/12	01/01/13	01/01/14	01/01/15
Percent Increase000%	1.000%	1.500%	1.500%
Total cost of increase.....	\$0	\$11,142	\$16,880	\$17,133
Total base salary (successor agreement)	\$1,130,561	\$1,141,703	\$1,158,583	\$1,175,716

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

Percentage Impact (average per year over term of agreement)	1.000%
Dollar impact (average per year over term of agreement)	\$11,288.97

Section VI: Health Insurance (include costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan	\$228,920	\$224,067		
Employee Contributions	\$0	\$20,493		
Prescription	\$82,023	\$85,690		
Dental	\$14,358	\$14,348		
Vision	\$0	\$0		

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: _____ Title: _____
 Print Name

Signature : _____ Date : _____