

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: COUNTY OF UNION County: UNION  
 Employee Organization: COUNCIL NO. 8 Employees in Unit: \_\_\_\_\_  
 Base Year Contract Term: 2008 - 2011 New Contract Term: 1/1/2012 - 12/31/2014  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs <small>(Last Year of Previous agreement)</small>	New Base Year - Total Costs <small>(First Year of Successor agreement)</small>
	<u>1/1/2008-12/31/2011</u>	<u>1/1/2012-12/31/2014</u>
Item 1 ..... Salary		
Item 2 ..... Increment		
Item 3 ..... Longevity		
Item 4 .....	<u>SEE</u>	<u>SEE</u>
Item 5 .....		
Item 6 .....	<u>MOA</u>	<u>MOA</u>
Item 7 .....		
Item 8 .....	<u>ATTACHED</u>	<u>ATTACHED</u>
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>(Total)</u>	<u>(Total)</u>

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \_\_\_\_\_ SEE MOA  
Effective Date (m/d/yyyy) \_\_\_\_\_  
 Percent Increase ..... \_\_\_\_\_  
 Total cost of increase .. \_\_\_\_\_  
 Total base salary (successor agreement) .....

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

Percentage Impact (average per year over term of agreement) \_\_\_\_\_ SEE MOA  
 Dollar Impact (average per year over term of agreement) \_\_\_\_\_

**Section VI**

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan .....		
Employee Contributions .....		
Prescription .....		
Dental .....		
Vision .....		

SEE MOA

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:

MARK TRAUM  
 Print Name  
Mark Traum  
 Signature

Title: LABOR RELATIONS COORDINATOR  
 Date: JUNE 26, 2015