

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Borough of Milltown County: Middlesex  
 Employee Organization: Local 32 Employees in Unit: 39  
 Base Year Contract Term: 1/1/2011 12/31/2014 New Contract Term 1/1/2015 12/31/2018  
 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 ..... Salary	\$1,514,962	\$1,562,816
Item 2 ..... Increment		
Item 3 ..... Longevity	\$50,158	\$52,883
Item 4 ..... Tuition Reimbursement		
Item 5 ..... Extra Curricular		
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 - Sum of costs in each column</b>	\$1,565,120 (Total)	\$1,615,699 (Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,565,120

Effective Date (m/d/yyyy)	1/1/2015	1/1/2016	1/1/2017	1/1/2018
Percent Increase .....	1.0%	2.0%	2.0%	2.0%
Total cost of increase ..	\$15,651	\$31,615	\$32,248	\$32,893
Total base salary (successor agreement) .....	\$1,580,771	\$1,612,387	\$1,644,635	\$1,677,528

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

Percentage Impact (average per year over term of agreement) 1.75%  
 Dollar Impact (average per year over term of agreement) \$28,101.75

Contributions based on plan costs and pursuant to Chapter 78, P.L. 2011

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$467,591	\$504,443			
Employee Contributions .....	\$56,728	\$67,616			
Prescription .....					
Dental .....					
Vision .....					

*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:

Denise Biancamano Title: Business Administrator/CFO  
 Print Name  
Denise Biancamano Date: 2/2/2016  
 Signature

Send completed & signed form, signed and dated copy of contract, signed and dated certification as well as a word processing version of contract to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)