

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: \_\_\_\_\_ County: \_\_\_\_\_  
Employee Organization \_\_\_\_\_ Employees in Unit: \_\_\_\_\_  
Base Year Contract Term: \_\_\_\_\_ New Contract Term \_\_\_\_\_  
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 _____	_____	_____
Item 2 ..... Increment _____	_____	_____
Item 3 ..... Longevity _____	_____	_____
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	_____	_____
	(Total)	(Total)

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

Total Base Year (previous agreement) \_\_\_\_\_

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) \_\_\_\_\_

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 .....	_____	_____	_____	_____	_____	_____

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: \_\_\_\_\_