SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	County of Atlantic County: Atlantic							
Employee Organization	Communication W	orkers of America 1	1040 Facilities M	Igmt & Supported Em	mt & Supported Employment Employees in Unit: 4			
Base Year Contract Term:	1/1/2018 12/31/2020		New Cont	ract Term1/1/202		12/31/2024		
Type of Settlement:	☐ Mediated Settlen	nent 🔲 Fa	ct-Finder Recomme		Voluntary Settlement		onciliation	
			Base Year	lumn A - Total Costs revious agreement)	Colum New Base Year (First Year of Succe	- Total Costs		
Section II: Economic								
Item 1 Sal	ary	_	\$254,371		\$264,546			
Item 2 Inci	rement	_						
Item 3 Lor	ngevity	_	\$3,400		\$3,400			
Item 4		_						
Item 5		_						
Item 6		_						
Item 7		<u></u>						
Item 8		-			<u> </u>			
Item 9		-						
Item 10					-			
Item 11		-						
Item 12		-						
Any additional items list on separate sh	neet	Additional Items						
ection III: Totals - Sum of costs in each column			\$257,771		\$267,946			
			(Total)		(Total)			
ection IV: Analysis of new succes Total Base Year(previous agreement)	\$257,771	_	NEW AGRE	EMENT ANALYSIS				
Effective Date (m/d/yyyy)		1/1/2021	1/1/2022	1/1/2023	1/1/2024			
Percent Increase		3.95%	4.94%	3.95%	3.95%			
Total cost of increase		\$10,175	\$13,227	\$11,111	\$11,555			
Total base salary (successor agreemen	nt)	\$267,946	\$281,173	\$292,284	\$303,839			
ection V: Impact of Settlem	nent - average annual inc	rease over term of agre	eement					
Percentage Impact (average per year o	over term of agreement)	4.20						
Dollar Impact (average per year over te	erm of agreement)	\$11,517.00						
ection VI								
Health Insurance (Indicate costs assoc	ciated on each line)		name.					
Cost of Health Plan		Base Year \$86,273	Year 1 \$88,179					
Employee Contributions		\$17,973	\$18,283		*	-		
Prescription		\$16,148	\$16,004				THE PERSON NAMED IN	
Dental		\$4,034	\$3,872		-			
/ision		\$271	\$259					
The undersigned certifies to	hat the foregoing figure	s are true and is awar	e that if any of the	foregoing items are false	e, s/he is subject to pun	isment.		
ection VII								
Prepared by:	Jeffrey L. N			Title:	Fiscal Officer-I	3udget	1	
		Print Name			6/1/0000			
	XXXX	Signature	£	- Date:	6/1/2022			
	000/	oignature						