

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>	
Section II: Economic			
<i>Item 1</i> Salary _____	_____	_____	
<i>Item 2</i> Increment _____	_____	_____	
<i>Item 3</i> Longevity _____	_____	_____	
<i>Item 4</i> _____	_____	_____	
<i>Item 5</i> _____	_____	_____	
<i>Item 6</i> _____	_____	_____	
<i>Item 7</i> _____	_____	_____	
<i>Item 8</i> _____	_____	_____	
<i>Item 9</i> _____	_____	_____	
<i>Item 10</i> _____	_____	_____	
<i>Item 11</i> _____	_____	_____	
<i>Item 12</i> _____	_____	_____	
Any additional items list on separate sheet Additional Items _____	_____	_____	
Section III: Totals - Sum of costs in each column	<u> </u> <u> </u> (Total)	<u> </u> <u> </u> (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: _____