## **SUMMARY FORM**

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

Section I: Agreement Deta	ails							
Public Employer:	Borough of Brookla		County: Camden					
Employee Organization	Administration		Employees in Unit: 5					
Base Year Contract Term:	1/1/2009	12/31/2011	New Con	stract Term1/1/:	2012	12/31/2	2014	
Type of Settlement:	☐ Mediated Settlen	nent 🔲 F	act-Finder Recommendation		✓ Voluntary Settlement			
		Column A Base Year - Total Costs		Column B New Base Year - Total Costs				
				Previous agreement)	(First Year	of Successor	r agreement)	]
Section II: Economic								
	ary		\$46,000		\$46,000			
	rement							
	ngevity			***************************************	_		***************************************	
Item 4		-						
Item 5		_						
Item 6				·····	_			
Item 7	····	_						
Item 8		-						
Item 9		_				***************************************		
Item 10	***************************************	-					***************************************	
Item 11		-		<del></del>	-			
Any additional items list on separate sh					_			
Any additional items list on separate sr	eet	Additional Items				***************************************		
Section III: Totals - Sum of costs in each column			\$46,000		\$46,000	\$46,000		
				Total)		(Total)		
			1	, , , , , , , , , , , , , , , , , , , ,		(Total)		
Castian IV								<u></u>
Section IV: Analysis of new success Total Base Year(previous agreement)			NEW AGRE	EMENT ANALYSIS				
Total Dase Tear (Interious agreement)	\$46,000	-						
Effective Date (m/d/yyyy)		1/1/2012	1/1/2013	1/1/2014				
Percent Increase		3.00	3.0	3.0	-			
Total cost of increase		\$1,380	\$1,421	\$1,464	-			
Total base salary (successor agreement	t)	\$47,380	\$48,801	\$50,265				
Section V: Impact of Settlem	ent - average annual inci							
Percentage impact (average per year o		3.00						
Dollar impact (average per year over ter	rm of agreement)	\$1,421.00						
Section VI								
Health insurance (Indicate costs associ	ated on each line)							
Cost of Health Plan		Base Year	Year 1					
Employee Contributions		\$21,672	***************************************	* *************************************				
Prescription		\$1,950			-			
Dental								
Vision					-			***************************************
			***************************************				<del></del>	
The undersigned certifies th	at the foregoing figures	are true and is awar	e that if any of the f	oregoing items are	false, s/he is subject	to punisme	nt.	
Section VII								
Prepared by:	Ryan Giles				Fitte: Borough C	lerk		
	12	Print Name	h					
	190	2 <u>22</u> -		D	Date: 5/23/2012	2		-
	l.F	Signature						