SUMMARY FORM

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

Section I: Agreement Det	tails						
Public Employer: TOWNSHIP OF BERKELEY HEIGHTS				County: Union			
Employee Organization	TEAMSTERS, LOC	WORKS		Employees in Unit: 15			
Base Year Contract Term:	1/1/2009	12/31/2013	New Contr	act Term1/1/20	4 12/31/2018		
Type of Settlement:	☐ Mediated Settler	ment	act-Finder Recomme	ndation	✓ Voluntary Settlemer	nt 🔲 Super C	Conciliation
				ımn A - Total Costs		olumn B Year - Total Costs	
				evious agreement)		Successor agreement)	
ection II: Economic							
Item 1 Si	alary	_	\$709,689		\$723,882		
Item 2 In	crement	(i)					
Item 3 Lo	ongevity	_	-				
Item 4 UN	IUSED SICK	_	\$0		\$0		
Item 5 OV	/ERTIME	_	\$170,115		\$162,397		
Item 6 OL	JT-OF-TITLE	_	\$2,226		\$5,939		
Item 7 ME	ALS	_	\$8,850		\$4,948		
Item 8		_					
Item 9							
Item 10							
Item 11		_					
Item 12		_					
Any additional items list on separate	sheet	Additional Items					
Section III: Totals - Sum of costs in each column			***************************************		A COUNTY COUNTY		
			\$890,880		\$897,166		
			(Total)	(Total)	
Section IV: Analysis of new succ	cessor agreement		NEW AGRE	EMENT ANALYSIS	-	·	
Total Base Year(previous agreemen	\$890,880						
Effective Date (m/d/yyyy)		1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	
Percent Increase		2.00	2.00	2.00	2.00	2.00	
Total cost of increase		\$6,286	\$14,478	\$14,767	\$15,063	\$15,364	
Total base salary (successor agreer	ment)	\$897,166	\$911,644	\$926,411	\$941,474	\$956,838	
ection V: Impact of Settle	ement - average annual ir	ncrease over term of a	greement				
Percentage Impact (average per ye	ar over term of agreement)	2.00					
Dollar Impact (average per year over	er term of agreement)	\$13,191.00	=				
Section VI			-				
Health Insurance (Indicate costs as	socialed on each line)						
	<u> </u>	Base Year	Year 1				
Cost of Health Plan		\$287,272	\$341,083				1
Employee Contributions	Martin Martin Martin	\$8,682	\$10,502				
Prescription				-			
Dental							0
Vision	***************************************				У	_	
The undersigned certifies	s that the foregoing figur	es are true and is aw	are that if any of the	foregoing items are fa	alse, s/he is subject to	punisment.	
ection VII				-aa none are n			
Prepared by:	MICHEL	MARCEAU		T	tle: CHIEF FIN	ANCIAL OFFIC	ER
	MICHEL	Print Name		- "	uo. Cilibi i IIV	I CHILL OF TO	
	. (/	/		> .	ate: 6/15/2015		
		Signature		_	ate: 6/15/2015		-