SUMMARY FORM

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

Section I: Agreement Det Public Employer:	Township of Prochald						
Employee Organization	IUOE Local 68			County: 17			
and the same of the same	1/1/2008 12/31/2008				Employees in Unit: 17 12/31/2016		
Base Year Contract Term:							
Type of Settlement:	Mediated Settle	ment 🔲 Fa	ct-Finder Recommer	ndation 🗵	Voluntary Settleme	nt Super	Canciliation
		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)			
Section II: Economic							
Item 1 Salary			\$656,293		\$673,062		
Item 2 Increment				\$33,400			
	ngevity	_	\$29,700		\$33,400		
M079500	ion Reimbursement	_					
70370200	enses	_	\$9,800	——— I	\$10,750		
item 7			39,000		\$10,750		
item 8							
Item 9							
Nem 10		_					
Item 11		_					
Nem 12							
Any additional items list on separate :	sheet	Additional Items					
Section III: Totals - Sum of costs in each column			\$805.703		\$717.212	27/7 010	
			\$695,793		\$717,212		
			6	Total)	(Total)	
							
Section IV: Analysis of new succe			NEW AGREE	EMENT ANALYSIS			
Total Base Year[previous agreemen]	\$695,793	_					
Effective Date (m/d/www)		1/1/2012	1/1/2013	1/1/2014	1/1/2015	1/1/2016	
Percent Increase	388	1.5	1.75	1.75	2.0	2.25	
Yetal scot of increase		\$21,419	\$11,779	\$11,985	\$14,337	\$15,992	
Total base salary (successor agreem	ent)	\$717,212	\$728,991	\$740,975	\$755,312	\$771,304	
Section V: Impact of Settle	ment - average annual i	ncrease over term of agr	ement				
Percentage Impact (average per year	over tems of agreement)	1.85					
Oollar Impact (average per year over	liem of agreement)	\$15,102.00					
Section Vi							
Helaja šnovi ance (Indicate costo asso	ociales on each laid	**					
Cost of Health Plan		84.926.945	Year 1				
Employee Contributions		\$15,056	\$5,404,888 \$11,045				
Prescription		\$15,050	\$11,040				
Den bil							
Vison							
The undersigned certifies	that the foregoing figur	es are true and is awar	e that if any of the f	foregoing items are false.	s/he is subject to	punisment.	
Section VII	0 11 1	110 1110	D. 050	_	Dimento	Einanas /CEO	
Prepared by:	Catherine M. Campbell, CPA, CFO Title:			Director of	Finance/CFO		
	Cathe	rish Name	. alee	Date:	5/2/2012		
	carre	Signature	John	Date.	3/ =/ =012		-

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning $\frac{1}{12012}$ thru $\frac{12}{312012}$.

County: Monmouth

Date: 5/2/2012

Name: Catherine M. Campbell, CPA, CFO
Print Name

Title: Director of Finance

Catherine M. Signature