

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Ocean County Board of Social Services County: Ocean  
 Employee Organization: Communication Workers of America - Local 1088 (CWA) Employees in Unit: 324  
 Base Year Contract Term: 1/1/2012 12/31/2014 New Contract Term 1/1/2015 12/31/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$16,540,732</u>	<u>\$16,991,924</u>
Item 2 ..... <u>Increment</u>		
Item 3 ..... <u>Longevity</u>	<u>\$309,914</u>	<u>\$280,931</u>
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$16,850,646</u> (Total)	<u>\$17,272,855</u> (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$16,850,646</u>			
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	
Percent Increase .....	<u>2.51</u>	<u>2.51</u>	<u>2.51</u>	
Total cost of increase ..	<u>\$422,209</u>	<u>\$432,806</u>	<u>\$443,669</u>	
Total base salary (successor agreement) .....	<u>\$17,272,855</u>	<u>\$17,705,661</u>	<u>\$18,149,330</u>	

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.51  
 Dollar Impact (average per year over term of agreement) \$432,895.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$5,582,745</u>	<u>\$6,271,222</u>			
Employee Contributions .....	<u>\$641,240</u>	<u>\$872,794</u>			
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: Philip Paciulli Title: Assistant Fiscal Officer  
 Print Name  
  
 Signature Date: 9/21/2015