SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	City of Absecon		County: Atlantic				
	GWU - White Co	llar					
Employee Organization			Employees in Unit: $\frac{6}{}$ New Contract Term $\frac{1}{1/2012}$ $\frac{12}{31/2014}$				
Base Year Contract Term: 1/1/2009		12/31/2011	12/31/2011 New Contr		2 12/31/2014	12/31/2014	
Type of Settlement:	☐ Mediated Settl	lement	act-Finder Recomm	nendation 🗸	Voluntary Settlement Supe	er Conciliation	
1			Base Yea	olumn A ar - Total Costs Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic]	
Item 1 Sal	ary	_	\$206,632		\$213,324		
Item 2 Inci	rement	_	\$6,391		\$5,670		
19 No.	gevity		\$8,720		\$8,931		
Item 4		_		-			
Item 5		_					
Item 6							
Item 7			2				
Item 8		_	-				
Item 9		_	-				
Item 10		_					
Item 11		_					
Item 12		Additional Items	-				
Any additional items list on separate sin	ret	Additional items					
Section III: Totals - Sum of cost	Section III: Totals - Sum of costs in each column				\$227,925		
			\$221,743 (Total)		(Total)		
			,	rotaly	(10ta)		
Cashian III							
Section IV: Analysis of new success Total Base Year(previous agreement)			<u>NEW AGRE</u>	EMENT ANALYSIS			
Total Base Total Brevious agreementy	\$221,743						
Effective Date (m/d/yyyy)		1/1/2012	1/1/2013	1/1/2014			
Percent Increase	**************	3%	2%	2%	Y		
Total cost of increase		\$5,670	\$4,558	\$4,649			
Total base salary (successor agreement		\$227,925	\$232,483	\$237,132			
Section V: Impact of Settleme	ent - average annual in	crease over term of agre	ement				
Percentage Impact (average per year ov		2.00					
Dollar Impact (average per year over terr	m of agreement)	\$14,877.00					
Section VI							
Health Insurance (Indicate costs associa	lad on each line)		-				
THE STATE OF THE S	and on each well	Base Year	Year 1				
Cost of Health Plan	**************	\$71,238	\$77,104		<u> </u>		
Employee Contributions		\$2,498	\$3,416				
Prescription							
Dental		\$10,233	\$10,642				
Vision	*******	\$393	\$393				
The undersigned certifies that	nt the foregoina figure	es are true and is aware	that if any of the f	oregoing items are false	. s/he is subject to punisment.		
Section VII	reregoning injure	o a a o and is affait	any or are r	c. egoing noins are idise,	ото 13 завросто ранізінені.		
Prepared by:	Jessica Th	ompson		Title:	Administrator/CFO		
	ocosica III	Print Name		nue.			
	Jessica Th	ompson Designation	hangar arCh alkhanar, surCh alkhanar, sjug pridi	Date:	10/2/2015		
		Signature	**	540.	1-10		