SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	iis TOWNSHIP OF COMMERCIAL				Country	County: Cumberland	
	AFSCME COUNCIL 71			,			
Employee Organization					Employees in Unit: 13		
Base Year Contract Term:	1/1/2015	12/31/2017	New Contra	ct Term <u>1/1/2018</u>	3 12/31/	2020	
Type of Settlement:	✓ Mediated Settlement ☐ Fact-Finder Re		cl-Finder Recommend	dation	Voluntary Settlement	☐ Super Conciliatio	
		Base Yea		mn A Total Costs vious agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Item 1 Sal	ary	_	\$540,928		\$562,580		
Item 2 Increment		_	\$21,652		\$22,503		
Item 3 Lon	gevity		\$8,884		\$9,884		
Item 4		_				***************************************	
Item 5]			
llem 6							
ltem 7		_	Ī		A		
llem 8							
llem 9							
llem 10							
llem 11							
llem 12							
Any additional items list on seperate st	nest	Additional Items					
Section III: Totals • Sum of costs in each column			\$571,464		\$594,967		
		(Total)					
			110	naiş	(Total)		
Section IV: Analysis of new succes	sor agreement		<u>NEW AGREEM</u>	MENT ANALYSIS			
Total Base Year(provious agreement)	\$571,464	<u></u>					
Effective Date (m/d/yyyy)		1/1/2018	1/1/2019	1/1/2020			
Percent Increase	**********	4%	4%	4%			
Total cost of increase		\$22,503	\$23,403	\$24,339			
Total base salary (successor agreemen	n)	\$585,083	\$608,486	\$632,825			
Section V: Impact of Settlem	tent - average annual	ncrease over term of agre	ement				
Percentage Impact (average per year o		4.00					
Dollar impact (average per year over le	em of agreement)	\$608,798,00					
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Section VI							
Health Insurance (Indicate costs associ	isled on each line)						
Cost of Health Plan		Bese Year	Year 1				
Employee Contributions		\$178,486	\$178,486				
Prescripton		\$32,270	\$34,805				
Dental		\$45,155	\$45,155				
Vision		\$7,794	\$7,794				
		\$4,605	\$4,605				
The undersigned certifies to	hat the foregoing figu	res are true and is aware	that if any of the for	regoing items are false	, s/he is subject to punisr	nent.	
Section Vil							
Prepared by:	PAMELA HUMPHRIES			Title: CHIEF FINANCIAL OFFICER			
	K.J.	2 Print Name	,				
	Tomel	& Surp.	hues	Date:	12/4/2017		
		Signature				<u> </u>	