

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: _____ County: _____
 Employee Organization _____ Employees in Unit: _____
 Base Year Contract Term: _____ New Contract Term _____
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 <u>Salary</u>	_____	_____
Item 2 <u>Increment</u>	_____	_____
Item 3 <u>Longevity</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	_____	_____
Section III: Totals - Sum of costs in each column	<u>_____</u> (Total)	<u>_____</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) _____

Effective Date (m/d/yyyy) _____

Percent Increase _____

Total cost of increase ... _____

Total base salary (successor agreement) _____

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

Percentage Impact (average per year over term of agreement) _____

Dollar Impact (average per year over term of agreement) _____

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan	_____	_____
Employee Contributions	_____	_____
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: _____ Title: _____
 _____ Print Name _____
 _____ Signature _____ Date: _____