SUMMARY FORM

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

Section I: Agreement Deta	ails							
Public Employer:	City of Absecon	of Absecon County: Atlantic						
Employee Organization	GWU - Telecommunicators				Employees in Unit: 5			
Base Year Contract Term:	1/1/2009	12/31/2011	New Cont	tract Term1/1/2013	12/31/2014			
Type of Settlement:	☐ Mediated Settle	ement	act-Finder Recomme	dation				
		Column A Base Year - Total Costs (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)				
Section II: Economic								
Item 1 Sal	ary	_	\$149,647		\$154,136			
Item 2 Increment		_	\$4,489		\$8,333			
Item 3 Longevity			\$800		\$800			
Item 4		_						
Item 5								
Item 6								
Item 7								
Item 8		_						
Item 9		_						
Item 10		_						
Item 11		_						
Item 12		_			-			
Any additional items list on separate sh	eet	Additional Items						
Section III: Totals - Sum of costs in each column			\$154,936		\$163,690			
Section III. Totals - Sum of costs in each column								
			(Total)	(Total)			
Section IV: Analysis of new success	sor agreement		NEW AGRE	EMENT ANALYSIS				
Total Base Year(previous agreement)	\$154,936							
Effective Date (m/d/yyyy)		1/1/2010	. /. /	. /. /				
Percent Increase		1/1/2012	1/1/2013	1/1/2014				
Total cost of increase		8333	3334	8333				
Total base salary (successor agreemen	0	\$8,333 \$154,936	\$3,334	\$8,333				
5-77-30 (Responsibility - Section 5-022) Section - O. (1000)			\$160,710	\$169,043				
Section V: Impact of Settlem Percentage Impact (average per year or)//5/	eement					
Dollar Impact (average per year over tel		3.00						
Dona impact (average per year over ter	in or agreementy	\$20,000.00						
Section VI								
Health Insurance (Indicate costs associa	ated on each line)							
Contaction to Disc		Base Year	Year 1					
Cost of Health Plan		\$61,738	\$66,059			:		
		\$3,234	\$4,042					
Prescription								
Dental Vision		\$8,275	\$8,606					
VISION		\$295	\$295					
The undersigned certifies th	nat the foregoing figure	es are true and is awar	e that if any of the I	foregoing items are false	. s/he is subject to punism	<u>ient.</u>		
Section VII	T. 1 ent				Administrator (C	FO		
Prepared by:	Jessica Th	ompson Print Name		Title:	Administrator/C	r U		
	Jessica Thompson Span sprate and Traver Section And Thompson Section S			Date:	10/2/2015			
	JESSICA 11	Signature	rry rs. PUB r of the	Date.	10/2/2013			
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