

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

Public Employer: _____ Employee Organization _____

Base Year Contract Term: _____ New Contract Term _____

Synopsis of Settlement/
Award/Recommendation: _____

	<u>BASE YEAR</u> <i>(previous agreement)</i>	<u>NEW BASE YEAR</u> <i>(successor agreement)</i>
Salary:	_____	_____
Increment:	_____	_____
% Increase:	_____	_____
Avg. Yield	_____	_____
per person in dollars:	_____	_____
Uniforms:	_____	_____
Boot/Shoe:	_____	_____
Longevity:	_____	_____
Holiday Pay:	_____	_____
Shift Differential	_____	_____
Overtime:	_____	_____
Stipends:	_____	_____
Bonuses:	_____	_____
Education:	_____	_____
EMT:	_____	_____
Other*:	_____	_____

* Additional Costs: (please list on separate sheet & include in total)

Medical:

Contributions:	_____	_____
Cost of Health	_____	_____
Prescription	_____	_____
Dental:	_____	_____
Vision:	_____	_____

NEW AGREEMENT ANALYSIS

Effective Date	<u>Year</u>	<u>Year</u>	<u>Year</u>	<u>Year</u>
% Increase	_____	_____	_____	_____
Avg. Yield (p/p*)	_____	_____	_____	_____
Cost of Increase/:	_____	_____	_____	_____
Impact of Settlement:				
Percentage Impact:	_____	_____	_____	_____
Actual dollar Impact:	_____	_____	_____	_____
TOTAL BASE SALARY				
AT END OF EACH YEAR	_____	_____	_____	_____

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.

Prepared by: _____ Title: _____
 Print Name
 _____ Date: _____
 Signature