

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Borough of Tenafly County: Bergen  
 Employee Organization: Department of Public Works Employees in Unit: 25  
 Base Year Contract Term: 1/1/2008 12/31/2010 New Contract Term 1/1/2011 12/31/2013  
 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>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$1,670,102	\$1,657,604
Item 2 ..... <u>Increment</u>	\$74,571	\$80,775
Item 3 ..... <u>Longevity</u>	\$88,083	\$89,859
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		
<b>Section III: Totals</b> - Sum of costs in each column	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \_\_\_\_\_

Effective Date (m/d/yyyy)	1/1/2011	1/1/2012	1/1/2013
Percent Increase .....	0	0	2.25
Total cost of increase ..	\$0	\$0	\$37,296
Total base salary (successor agreement) .....	\$1,657,604	\$1,657,604	\$1,694,900

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

Percentage Impact (average per year over term of agreement) 0.34  
 Dollar Impact (average per year over term of agreement) \$12,432.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1		
Cost of Health Plan .....	\$1,661,580	\$1,822,193	\$2,025,000	\$2,187,000
Employee Contributions .....	\$0	\$23,370	\$24,500	\$25,750
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: Gene Vinci Title: Director of Finance  
  
 Signature Date: 4/25/2012

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2011 thru 12/31/2013.

Employer: Borough of Tenafly

County: Bergen

Date: 4/25/2012

Name: Gene Vinci

Print Name

Title: Director of Finance



Signature