

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: City of Brigantine County: Atlantic ▼
 Employee Organization: Teamsters Local 331 Employees in Unit: 25
 Base Year Contract Term: 1/1/2008 12/31/12 New Contract Term 1/1/2013 12/31/15
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A <u>Base Year - Total Costs</u> <small>(Last Year of Previous agreement)</small>	Column B <u>New Base Year - Total Costs</u> <small>(First Year of Successor agreement)</small>
Section II: Economic		
Item 1 <u>Salary</u>	\$1,373,768	\$1,415,678
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>	\$50,612	\$56,162
Item 4 _____		
Item 5 _____		
Item 6 _____		
Item 7 _____		
Item 8 _____		
Item 9 _____		
Item 10 _____		
Item 11 _____		
Item 12 _____		
<small>Any additional items list on separate sheet Additional Items</small>		
Section III: Totals - Sum of costs in each column	\$1,424,380	\$1,471,840
	(Total)	(Total)

Section IV: Analysis of new successor agreement NEW AGREEMENT ANALYSIS

Total Base Year(previous agreement) \$1,424,380

<u>Effective Date (m/d/yyyy)</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	
Percent Increase	3.30%	-3.62%	2.57%	
Total cost of increase ..	\$47,460	-\$53,242	\$36,372	
Total base salary (successor agreement)	\$1,424,380	\$1,471,840	\$1,448,878	

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

Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$10,029.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1		
Cost of Health Plan	\$301,581	\$303,659		
Employee Contributions	\$12,785	\$24,223		
Prescription	\$77,891	\$88,244		
Dental	\$218,537	\$218,537		
Vision	\$3,606	\$3,606		

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: Diana Eafraiti Title: Personnel Director
 Signature: [Signature] Date: 10/17/14

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 1/1/2013 thru 12/31/15

Employer: City of Brigantine

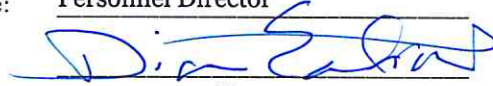
County: Atlantic

Date: 10/17/2014

Name: Diana Eafрати

Print Name

Title: Personnel Director



Signature