

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Ocean County Board of Chosen Freeholders County: Ocean  
 Employee Organization: CWA #1075 Supervising Juvenile Detention Employees in Unit: 3  
 Base Year Contract Term: 4/1/2012-3/31/2015 New Contract Term: 4/1/2015-3/31/2018  
 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>		
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		
<b>Section III: Totals - Sum of costs in each column</b>	<u>(Total)</u>	<u>(Total)</u>

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

**NEW AGREEMENT ANALYSIS**

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

Effective Date (m/d/yyyy)	<u>4/1/2015</u>	<u>4/1/2016</u>	<u>4/1/2017</u>
Percent Increase .....	<u>1.75%</u>	<u>1.9%</u>	<u>1.9%</u>
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 .....	<u>SHBP</u>	
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: Keith J. Goetting Title: Director, Employee Relations  
 Print Name: \_\_\_\_\_ Date: 12/23/2015  
 Signature: 