

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Cherry Hill Township County: Camden  
 Employee Organization: Teamsters Local Union No. 676 - White Collar Employees Employees in Unit: 25  
 Base Year Contract Term: 1/1/2012 12/31/2015 New Contract Term 11/1/2015 12/31/2019  
 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>	<u>\$879,000</u>	<u>\$895,290</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 -</b> Sum of costs in each column	<u>\$879,000</u>	<u>\$895,290</u>
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$879,000

Effective Date (m/d/yyyy)	<u>11/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>1/1/2019</u>
Percent increase .....	<u>1.11%</u>	<u>2%</u>	<u>2%</u>	<u>2%</u>	<u>2%</u>
Total cost of increase ..	<u>\$9,779</u>	<u>\$17,906</u>	<u>\$18,264</u>	<u>\$18,629</u>	<u>\$19,002</u>
Total base salary (successor agreement) .....	<u>\$895,290</u>	<u>\$913,196</u>	<u>\$931,460</u>	<u>\$950,089</u>	<u>\$969,090</u>

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

Percentage Impact (average per year over term of agreement) 1.82  
 Dollar Impact (average per year over term of agreement) \$83,580.00

**Section VI**

*Health insurance (indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan .....	<u>\$345,495</u>	<u>\$333,978</u>			
Employee Contributions .....	<u>\$21,267</u>	<u>\$23,540</u>			
Prescription .....	<u>\$107,738</u>	<u>\$93,554</u>			
Dental .....	<u>\$13,924</u>	<u>\$13,924</u>			
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: Michelle Samaloni Title: CFO  
 Signature: *Michelle Samaloni* Date: 12/8/2015