

**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 - Police Dispatchers Employees in Unit: 10  
 Base Year Contract Term: 1/1/2011 12/31/2014 New Contract Term 1/1/2015 12/31/2018  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

|  | Column A<br>Base Year - Total Costs<br><i>(Last Year of Previous agreement)</i> | Column B<br>New Base Year - Total Costs<br><i>(First Year of Successor agreement)</i> |
|--|---|---|
| <b>Section II: Economic</b>                                  |   |   |
| Item 1 ..... <u>Salary</u>                                   | \$435,421   | \$460,570   |
| Item 2 ..... <u>Increment</u>                                | \$0   | \$0   |
| Item 3 ..... <u>Longevity</u>                                | \$0   | \$0   |
| 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>\$435,421</u><br>(Total)   | <u>\$460,570</u><br>(Total)   |

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$435,421

| Effective Date (m/d/yyyy)                     | 1/1/2015  | 1/1/2016  | 1/1/2017  | 1/1/2018  |
|---|-----------|-----------|-----------|-----------|
| Percent Increase .....                        | 5.78%     | 2.12%     | 2%        | 2%        |
| Total cost of increase ..                     | \$25,149  | \$9,766   | \$9,407   | \$9,595   |
| Total base salary (successor agreement) ..... | \$460,570 | \$470,336 | \$479,743 | \$489,338 |

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

Percentage Impact (average per year over term of agreement) 2.97  
 Dollar Impact (average per year over term of agreement) \$13,479.14

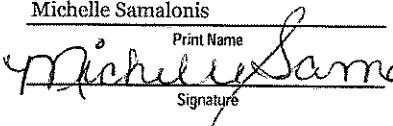
**Section VI**

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

|                              | Base Year | Year 1    |
|------------------------------|-----------|-----------|
| Cost of Health Plan .....    | \$114,599 | \$110,788 |
| Employee Contributions ..... | \$6,389   | \$10,518  |
| Prescription .....           | \$35,439  | \$30,773  |
| Dental .....                 | \$5,425   | \$5,425   |
| 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:  Date: 10/23/2015