SUMMARY FORM

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

Section I: Agreement Details

Public Employer: **Cliffside Park**   County: **Bergen**

Employee Organization: **Bus Drivers**   Employees in Unit: **16**

Base Year Contract Term: **7/1/2012   6/30/2015**   New Contract Term **7/1/2015   6/30/2018**

Type of Settlement: ☐ Mediated Settlement   ☐ Fact-Finder Recommendation   ☑ Voluntary Settlement   ☐ Super Conciliation

		Column A **Base Year - Total Costs** (Last Year of Previous agreement)	Column B **New Base Year - Total Costs** (First Year of Successor agreement)	
Section II: Economic				
Item 1	Salary	$344,430	$414,332	
Item 2	Increment	$0	$0	
Item 3	Longevity	$1,000	$1,000	
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			
Section III: Totals - Sum of costs in each column		$345,430	$415,332	
		(Total)	(Total)	

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year(previous agreement)   **$345,430**

Effective Date (m/d/yyyy)	**7/1/2015**	**7/1/2016**	**7/1/2017**			
Percent Increase	2.62	2.85	2.91			
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)   **2.79**

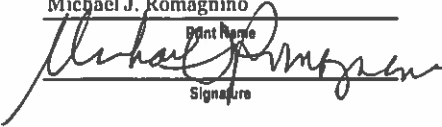Dollar Impact (average per year over term of agreement)

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	$348,648	$196,655			
Employee Contributions	$15,921	$12,319			
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: **Michael J. Romagnino**   Title: **Superintendent**

Print Name

[signature]   Date: **9/2016**

Signature