


Communications Workers of America, Local 1088

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Ocean County Board of Social Services

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 1/1/12 thru 12/31/14 . .

Name Mary Fran McFadden
Print Name

Signature
Title Director
Employer Ocean County Board of Social Services
County Ocean County
Date 5/3/12

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Ocean County Board of Social Services County: Ocean
 Employee Organization: CWA, Local 1088 Employees in Unit: 306
 Base Year Contract Term: 1/1/2009 12/31/2011 New Contract Term 1/1/2012 12/31/2014
 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>
Section II: Economic		
Item 1 <u>Salary</u>	\$16,824,861	\$17,130,034
Item 2 <u>Increment</u>	*	*
Item 3 <u>Longevity</u>	\$512,658	\$467,548
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	<u>\$17,337,519</u> (Total)	<u>\$17,597,582</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$17,337,519</u>		
Effective Date (m/d/yyyy)	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>
Percent Increase	1.5	1.5	1.5
Total cost of increase ..	\$260,063	\$263,964	\$267,923
Total base salary (successor agreement)	\$17,597,582	\$17,861,546	\$18,129,469

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


Percentage Impact (average per year over term of agreement) 1.50
 Dollar Impact (average per year over term of agreement) \$263,983.00

Section VI

<i>Health Insurance (Indicate costs associated on each line)</i>	Base Year	Year 1			
Cost of Health Plan	\$4,217,243	\$4,614,791			
Employee Contributions	\$282,948	\$274,140			
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: Philip Paciulli Title: Asst. Fiscal Officer
 Print Name

 Signature
 Date: 5/3/2012

*Included in salary