

University of Cincinnati
 FOP-ULEO Pay Scale Groups (PSG) and Ranges
 July 1, 2011 - June 30, 2014

Effective 07/01/11 (0% Increase)

Title	PSG	Entry Rate	APR
Univ. Law Enforcement Officer Apprentice	28F	19.63	20.62
Univ. Law Enforcement Officer 1	29F	21.63	22.71
Univ. Law Enforcement Officer 2	30F	23.84	25.04
Univ. Law Enforcement Officer 3	31F	26.31	27.63

Effective 07/01/12 (0% Increase)

Title	PSG	Entry Rate	APR
Univ. Law Enforcement Officer Apprentice	28F	19.63	20.62
Univ. Law Enforcement Officer 1	29F	21.63	22.71
Univ. Law Enforcement Officer 2	30F	23.84	25.04
Univ. Law Enforcement Officer 3	31F	26.31	27.63

Effective 01/01/13 (1% Increase)

Title	PSG	Entry Rate	APR
Univ. Law Enforcement Officer Apprentice	28F	19.83	20.83
Univ. Law Enforcement Officer 1	29F	21.85	22.94
Univ. Law Enforcement Officer 2	30F	24.08	25.29
Univ. Law Enforcement Officer 3	31F	26.57	27.91

Effective 07/01/13 (1% Increase)

Title	PSG	Entry Rate	APR
Univ. Law Enforcement Officer Apprentice	28F	20.03	21.04
Univ. Law Enforcement Officer 1	29F	22.07	23.17
Univ. Law Enforcement Officer 2	30F	24.32	25.54
Univ. Law Enforcement Officer 3	31F	26.84	28.19

Contract Data Summary Sheet

Employer Name: University of Cincinnati County: Hamilton

BU: SA Union: FOP/OLCI Local: _____

Start Date: 7 / 1 / 11 End Date: 6 / 30 / 14

WAGE: **PAGE:**

Aft. Dif.: \$ _____ / _____ % _____

Eve. Dif.: \$ _____ / _____ % _____

Rank Dif. (Y) _____

Haz. Pay: _____ / _____ % _____

Ret. Pick-up: _____ % _____

COLA: (Y) _____

Ed. Incent: (Y) _____

Furlough: (Y) _____

Ret. Incentive: (Y) _____

Field Trip Rate: \$ _____

EMT Pay: _____

Type: _____

Paramedic Pay: _____

Type: _____

ALLOWANCES:

Uniform(P/V): _____

Amt: _____

Cleaning: (P) _____

Amt: _____

Tools: (Y) _____

Amt: _____

Shoes: \$ _____

Mileage: (IRS Rate) _____

Other: _____

Firearm Prof.: _____

Freq: _____

Parking: (Y) _____

Tuition: (Y) _____

VACATION:

_____ Years _____ Days

Hol/Vac Combo: _____

LONGEVITY: **PAGE:**

(Years) (Amt) (%) (Type)

PAID LEAVE

Holidays: 11 _____

Personal Days: _____

Birthday: (Y) _____

Injury Leave: _____ / _____

Assault Leave: _____ / _____

Union Leave (Y) _____

Holiday Pay: _____

Fatal Force: (Y) _____

SICK & BEREAVEMENT LEAVE

Sick Days/Year: _____

Max Sick: _____ / _____

Attendance Bonus: (Y) _____

Bank/Donated Time: (Y) _____

Bereavement Leave: _____

Sick: _____

Funeral: _____

Other: (Y) _____

INSURANCE*

	<u>Single</u>	<u>Family</u>
Employer Amt:	\$ _____	\$ _____
Employee Amt:	\$ _____	\$ _____
Employer %:	_____	_____
Employee %:	_____	_____
Employer Cap (Y):	_____	_____
Employee Cap (Y):	_____	_____
Ann. Deductible:	\$ _____	\$ _____
Co-Payment %:	_____	_____

INSURANCE (cont.): **PAGE:**

Out-of-Pocket Max: \$ _____ \$ _____

Cover Buy-Out: \$ _____ \$ _____

Traditional (Y): _____

Managed Care (Y): _____

Type (Y): _____

HMO _____

PPO _____

Self-Funded _____

Partial Self-Funded _____

Consortium _____

Liability (Y): _____

Section 125: (Y) _____ Type: _____

Enrollment Fee: \$ _____

Other: (Y) _____

Prescriptions: (Y) _____

Brand Name (Formulary) \$ _____

Generic: \$ _____

Dental: (Y) _____

Optical: (Y) _____

Life Ins. Amt.: \$ _____

Life Ins. Salary %: _____

Accidental D&D: (Y) _____

Health & Welfare: (Y) _____

Cap Coverage Formula: (Y) _____

Health Care Committee: (Y) _____

Coordination of Benefits: (Y) _____

Major Medical: (Y) _____

Comprehensive Major Medical: (Y) _____

* Please use another **INSURANCE** form if there are changes to insurance in each contract year.

HOURS OF WORK

PAGE: _____

Comp Time Max: _____ Hrs _____
 Flex Time: (Y) _____
 Call In: (Y) _____ Hrs _____
 Court: (Y) _____ Hrs _____
 Stand By: (Y) _____
 Report In: (Y) _____ Hrs _____
 Meal Time: _____ Min _____
 Rest Break: _____ / _____ Min. _____
 Overtime Cycle: _____ / _____

WAGE INCREASE ACROSS BOARD

PAGE _____

Date of Increase 1 / 1 / 13

Percent _____ 1 %

Hourly \$ 27.91

Annual \$ 58,052.80

Lump Sum \$ _____

Comments wage reopener

Date of Increase 7 / 1 / 13

Percent _____ 1 %

Hourly \$ 28.19

Annual \$ 58,635.20

Lump Sum \$ _____

Comments wage reopener

Date of Increase _____ / _____ / _____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase _____ / _____ / _____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

SENIORITY AND ARBITRATION

Prob. Period: _____
 Shift: (Y) _____
 Recall Years: _____
 Super Seniority (Y) _____
 Arb: (Y) _____
 Type: _____
 Cost (E/L/O): _____
 Mediation Step:(Y) _____

OTHER

Fairshare: (Y) _____
 Residency: (Y) _____
 Drug Test: (Y) _____
 Fitness Std.: (Y) _____
 Sub-Contract: (Y) _____
 Min Staff: (Y) _____
 Successor/Priv.: (Y) _____
 MAD: (Y) _____

BENCHMARKS

PAGE: _____

Job Title Univ. Law Enforcement Officer 3

Date 1 / 1 / 13 7 / 1 / 14 _____ / _____ / _____ _____ / _____ / _____

Work Week: 40

Hrs/Day: 10

Entry \$ 55,265.60 \$ 55,827.20 \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ 58,052.80 \$ 58,635.20 \$ _____ \$ _____

Step Yrs: _____

Job Title _____

Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ _____ \$ _____ \$ _____ \$ _____

Step Yrs: _____

Job Title _____

Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ _____ \$ _____ \$ _____ \$ _____

Step Yrs: _____

Job Title _____

Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ _____ \$ _____ \$ _____ \$ _____

Step Yrs: _____

Job Title _____

Date _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ _____ \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ _____ \$ _____ \$ _____ \$ _____

Step Yrs: _____

STATE OF OHIO
STATE EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF :

FRATERNAL ORDER OF POLICE,
OHIO LABOR COUNCIL, INC.,
EMPLOYEE ORGANIZATION,

and,

UNIVERSITY OF CINCINNATI,
EMPLOYER.

}
}
}
}
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}
}
}

CASE NO.(S): 11-MED-02-0151
(Police Officers)

(This will close the open case for
Case No.(s): 12-MED-04-0434)

FILING OF THE COLLECTIVE BARGAINING AGREEMENT

Pursuant to Board Rule 4117-09-07, the F.O.P. Ohio Labor Council Inc. hereby files the Collective Bargaining Agreement executed between the parties in the above captioned case(s). The Contract Data Summary Sheet is attached.

Respectfully Submitted,



Tara M. Crawford
Paralegal
F.O.P., O.L.C.I.
222 East Town Street
Columbus, Ohio 43215
614-224-5700

cc: Mr. William T. Johnson, mbaker@clemansnelson.com