

FOR SERB INTERNAL OFFICE USE ONLY: Employer # _____ Contract # _____

Contract Data Summary Sheet

Employer Name: Paulding County Sherriff's Office County: Paulding

BU: SM Union: FOP/OLC Local: _____

Start Date: 09 /17 /12 End Date: 12 /31 /14

<u>WAGE:</u>	<u>PAGE:</u>	<u>LONGEVITY:</u>	<u>PAGE:</u>	<u>INSURANCE (cont.):</u>	<u>PAGE:</u>
Aft. Dif.: \$ ____ / ____ %	_____	(Years) (Amt.) (%) (Type)	_____	Out-of-Pocket Max: \$ ____ \$ ____	_____
Eve. Dif.: \$ ____ / ____ %	_____	_____	_____	Cover Buy-Out: \$ ____ \$ ____	_____
Rank Dif. (Y) _____	_____	_____	_____	Traditional (Y): _____	_____
Haz. Pay: ____ / ____ %	_____	_____	_____	Managed Care (Y): _____	_____
Ret. Pick-up: _____ %	_____	_____	_____	Type (Y): _____	_____
COLA: (Y) _____	_____	_____	_____	HMO _____	_____
Ed. Incent: (Y) _____	_____	_____	_____	PPO _____	_____
Furlough: (Y) _____	_____	_____	_____	Self-Funded _____	_____
Ret. Incentive: (Y) _____	_____	_____	_____	Partial Self-Funded _____	_____
Field Trip Rate: \$ _____	_____			Consortium _____	_____
EMT Pay: _____	_____	<u>PAID LEAVE</u>		Liability (Y): _____	_____
Type: _____	_____	Holidays: _____	_____	Section 125: (Y) _____ Type: _____	_____
Paramedic Pay: _____	_____	Personal Days: _____	_____	Enrollment Fee: \$ _____	_____
Type: _____	_____	Birthday: (Y) _____	_____	Other: (Y) _____	_____
		Injury Leave: ____ / ____	_____	Prescriptions: (Y) _____	_____
<u>ALLOWANCES:</u>		Assault Leave: ____ / ____	_____	Brand Name (Formulary) \$ _____	_____
Uniform(P/V): _____	_____	Union Leave (Y) _____	_____	Generic: \$ _____	_____
Amt: _____	_____	Holiday Pay: _____	_____	Dental: (Y) _____	_____
Cleaning: (P) _____	_____	Fatal Force: (Y) _____	_____	Optical: (Y) _____	_____
Amt: _____	_____			Life Ins. Amt.: \$ _____	_____
Tools: (Y) _____	_____	<u>SICK & BEREAVEMENT LEAVE</u>		Life Ins. Salary %: _____	_____
Amt: _____	_____	Sick Days/Year: _____	_____	Accidental D&D: (Y) _____	_____
Shoes:\$ _____	_____	Max Sick: ____ / ____	_____	Health & Welfare: (Y) _____	_____
Mileage: (IRS Rate) _____	_____	Attendance Bonus: (Y) _____	_____	Cap Coverage Formula: (Y) _____	_____
Other: _____	_____	Bank/Donated Time: (Y) _____	_____	Health Care Committee: (Y) _____	_____
Firearm Prof.: _____	_____	Bereavement Leave: _____	_____	Coordination of Benefits: (Y) _____	_____
Freq: _____	_____	Sick: _____	_____	Major Medical: (Y) _____	_____
Parking: (Y) _____	_____	Funeral: _____	_____	Comprehensive Major Medical: (Y) _____	_____
Tuition: (Y) _____	_____	Other: (Y) _____	_____		

VACATION:

____ Years ____ Days

Hol/Vac Combo: _____

INSURANCE*

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

* 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: _____ / _____

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) _____

WAGE INCREASE ACROSS BOARD

Date of Increase 01 / 01 / 14

Percent 2.5 %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase ____ / ____ / ____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase ____ / ____ / ____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase ____ / ____ / ____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

BENCHMARKS

PAGE: _____

Job Title Road Deputy

Date 01 / 01 / 14 _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ 15 .18 \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ 18 .39 \$ _____ \$ _____ \$ _____

Step Yrs: _____

Job Title Correction Officer

Date 01 / 01 / 14 _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ 14 .18 \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ 17 .50 \$ _____ \$ _____ \$ _____

Step Yrs: _____

Job Title Communication Officer

Date 01 / 01 / 14 _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: _____

Hrs/Day: _____

Entry \$ 14 .18 \$ _____ \$ _____ \$ _____

Days/Yr: _____

Steps: _____

Top \$ 17 .50 \$ _____ \$ _____ \$ _____

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 EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF:

Fraternal Order of Police,	}	
Ohio Labor Council, Inc. ,	}	Case No(s): 13-MED-09-1164
EMPLOYEE ORGANIZATION,	}	Deputies and Dispatchers
	}	
and,	}	
	}	
Paulding County Sheriff,	}	
EMPLOYER.	}	
	}	

FILING OF MEMORANDUM OF UNDERSTANDING AS AN ADDENDUM TO
THE COLLECTIVE BARGAINING AGREEMENT

Pursuant to Board Rule 4117-09-07, the F.O.P. Ohio Labor Council Inc. hereby files a copy of the Addendum to the Collective Bargaining Agreement executed between the parties in the above captioned case(s).

Respectfully Submitted,

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

Cc: Jason K. Landers pauldingsheriff@bright.net

Paulding County Sheriff and the FOP/OLC

Article 16: Wage Re-Opener

ARTICLE 16

WAGES AND INSURANCE

Section 16.1 Effective January 1, 2014, the following wage scale and wage system will be in effect for the designated classifications.

CLASSIFICATION: ROAD DEPUTY

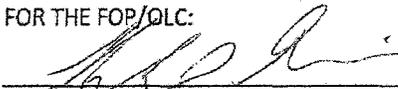
YEARS OF SERVICE	START	1	2	3	4	5
HOURLY RATE (01/01/2014)	15.18	15.82	16.46	17.12	17.75	18.39 (2.5%)

CLASSIFICATION: CORRECTIONS OFFICER & COMMUNICATIONS OFFICER

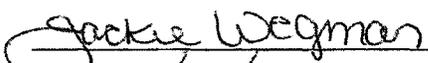
YEARS OF SERVICE	START	1	2	3	4	5
HOURLY RATE (01/01/2014)	14.18	14.83	15.48	16.16	16.83	17.50 (2.5%)

State regulations provide that every agency that maintains a LEADS & NCIC Terminal shall establish a Terminal Agency Coordinator (T.A.C.). The Employer agrees to compensate this employee an additional \$.25 per hour.

FOR THE FOP/OLC:

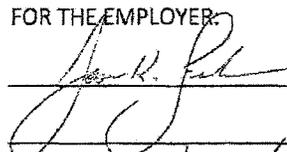






Date: 12/05/2013

FOR THE EMPLOYER:



Date: 12/05/2013

Contract Data Summary Sheet

Employer Name: Paulding County Sherriff's Office County: Paulding

BU: SM Union: FOP/OLC Local: _____

Start Date: 09 /17 /12 End Date: 12 /31 /14

WAGE: **PAGE:** _____

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

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

Rank Dif. (Y) _____

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Ret. Pick-up: ____ % _____

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Type: _____

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LONGEVITY: **PAGE:** _____

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

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: \$ _____

ALLOWANCES:

Uniform(P/V): _____

Amt: _____

Cleaning: (P) _____

Amt: _____

Tools: (Y) _____

Amt: _____

Shoes:\$ _____

Mileage: (IRS Rate) _____

Other: _____

Firearm Prof.: _____

Freq: _____

Parking: (Y) _____

Tuition: (Y) _____

PAID LEAVE

Holidays: _____

Personal Days: _____

Birthday: (Y) _____

Injury Leave: ____ / ____ _____

Assault Leave: ____ / ____ _____

Union Leave (Y) _____

Holiday Pay: _____

Fatal Force: (Y) _____

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) _____

SICK & BEREAVEMENT LEAVE

Sick Days/Year: _____

Max Sick: ____ / ____ _____

Attendance Bonus: (Y) _____

Bank/Donated Time: (Y) _____

Bereavement Leave: _____

Sick: _____

Funeral: _____

Other: (Y) _____

VACATION:

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EMPLOYER.	}	
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Tonya M. Sapp
F.O.P., O.L.C.I.
222 East Town Street
Columbus, Ohio 43215
614-224-5700

Cc: Jason K. Landers pauldingsheriff@bright.net