

**ARTICLE 18
PAY PLAN**

Section 18.1. Pay Schedule: Communications Operators shall be paid in accordance with the following pay plan in pay range 312:

Basic Pay Schedule from August 21, 2011 to August 18, 2012

1%

STEPS	A	B	C	D	E	F
Hourly	\$15.39	\$16.83	\$18.20	\$19.61	\$20.96	\$22.36
Bi-Weekly	\$1231.20	\$1346.40	\$1456.00	\$1568.80	\$1676.80	\$1788.80
Annually	\$32,011.20	\$35,006.40	\$37,856.00	\$40,788.80	\$43,596.80	\$46,508.80

Basic Pay Schedule from August 19, 2012 to August 17, 2013

1%

STEPS	A	B	C	D	E	F
Hourly	\$15.54	\$17.00	\$18.38	\$19.81	\$21.17	\$22.58
Bi-Weekly	\$1243.20	\$1360.00	\$1470.40	\$1584.80	\$1693.60	\$1806.40
Annually	\$32,323.20	\$35,360.00	\$38,230.40	\$41,204.80	\$44,033.60	\$46,966.40

Basic Pay Schedule from August 18, 2013 to August 16, 2014

2%

STEPS	A	B	C	D	E	F
Hourly	\$15.85	\$17.34	\$18.75	\$20.21	\$21.59	\$23.03
Bi-Weekly	\$1268.00	\$1387.20	\$1500.00	\$1616.80	\$1727.20	\$1842.40
Annually	\$32,968.00	\$36,067.20	\$39,000.00	\$42,036.80	\$44,907.20	\$47,902.40

The bi-weekly and annual amounts set forth above are computed on an 80-hour work period, 26 periods per annum basis and are for information only. Pay will be based on the hourly rate.

Section 18.2. Lead Dispatchers: Lead Dispatchers shall be plus rated at seven percent (7%) above the listed Communications Operators pay scale for all hours in paid status while filling such assignment. Should a Lead Dispatcher also be assigned as an O.I.C. listed below, such Lead Dispatcher shall receive an additional five percent (5%) plus rating for a total of twelve percent (12%).

Section 18.3. Operator-In-Charge: In the absence of the Director, the Employer shall select an operator to serve as the Operator-In-Charge on a temporary basis. Such operator must have three (3) years of service and shall be paid at least a twelve percent (12%) increase.

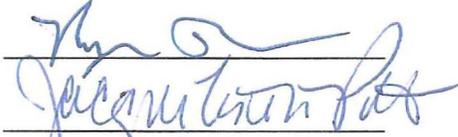
Section 18.4. Training Operator: An operator that serves, as a trainer for new employees shall be plus rated in the same manner as an O.I.C. in Section 18.3 for all hours so served, as a trainer.

Section 18.5. Shift Differential: Should the parties change the work schedule from twelve (12) hour shifts a twenty-five cents (\$.25) per hour differential shall be added for all hours worked on second and third shifts.

For the City:



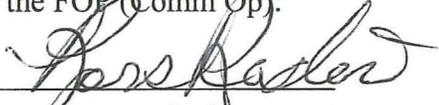




Jacqueline Fox
Mindy North

Date: 6/18/13

For the FOP (Comm Op):



Susan Shank

Kim Cheswell

Connie Miller

Date: 6-18-13

Contract Data Summary Sheet

Employer Name: CITY OF XENIA County: GREENE

BU COM-OPS Union: FOP/OLC Local: _____

Start Date: 8/21/11 End Date: 8/16/14

WAGE:

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: _____

PAGE:

LONGEVITY:

(Years) (Amt.) (%)

PAID LEAVE

Holidays: _____

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*

Single

Family

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:

WAGE INCREASE ACROSS BOARD

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: _____ / _____

Date of Increase 8 / 18 / 13

Percent 2.0 %

Hourly \$ 23.03

Annual \$ 47,902.40

Lump Sum \$ _____

Comments _____

Date of Increase _____ / _____ / _____

SENIORITY AND ARBITRATION

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

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase _____ / _____ / _____

OTHER

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

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

Date of Increase _____ / _____ / _____

Percent _____ %

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments _____

STATE OF OHIO
STATE EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF:

FRATERNAL ORDER OF POLICE,	}	
OHIO LABOR COUNCIL, INC.,	}	Case No(s): 13-MED-06-0776
EMPLOYEE ORGANIZATION,	}	(Reopener Dispatch)
	}	
and,	}	
	}	
CITY OF XENIA,	}	
EMPLOYER.	}	
	}	
	}	

FILING 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 an Addendum to the Collective Bargaining Agreement executed between the parties in the above captioned case(s).

Respectfully Submitted,


Catherine A. Brockman
F.O.P., O.L.C.I.
222 East Town Street
Columbus, Ohio 43215
614-224-5700

cc: Jim Percival, jpercival@ci.xenia.oh.us