

ARTICLE 16
 PAY PLAN

Section 16.1. Sergeants shall be paid in accordance with the following pay range 224 pay plan:

Basic Pay Schedule from September 18, 2011 to September 15, 2012 (1%)

STEPS	A	B	C
HOURLY	\$31.51	\$32.86	\$34.21
BI-WEEKLY	\$2,520.80	\$2,628.80	\$2,736.80
ANNUALLY	\$65,540.80	\$68,348.80	\$71,156.80

Handwritten notes:
 (Signature) 6/28/13
 July 6, 2013
 (Signature)

Basic Pay Schedule from September 16, 2012 to September 14, 2013 (1%)

STEPS	A	B	C
HOURLY	\$31.83	\$33.19	\$34.55
BI-WEEKLY	\$2,546.40	\$2,655.20	\$2,764.00
ANNUALLY	\$66,206.40	\$69,035.20	\$71,864.00

Handwritten notes:
 (Signature) 6/28/13
 July 7
 (Signature)

Basic Pay Schedule from September 15, 2013 to September 13, 2014 (2%)

STEPS	A	B	C
HOURLY	\$32.47	\$33.85	\$35.24
BI-WEEKLY	\$2,597.60	\$2,708.00	\$2,819.20
ANNUALLY	\$67,537.60	\$70,408.00	\$73,299.20

The bi-weekly and annual amounts set forth in the pay schedule are based on an eighty (80) hour bi-weekly work schedule and twenty-six (26) bi-weekly periods per annum and are for information only. Pay will be based on the hourly rate.

Section 16.2. Pay Steps

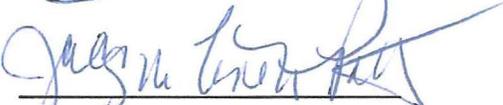
- A. The 'A' step shall be the minimum rate and shall be the probationary rate for Sergeants.
- B. A Sergeant becomes eligible and shall be advanced to the 'B' step on the first day following completion of their probationary period in "A" step or one year which ever is longer.
- C. A Sergeant becomes eligible and shall be advanced to the "C" step following completion of twelve (12) months in step "B".
- D. In January of each year, the Chief of Police will assign special tasks to Sergeants based on the Chief's evaluation of the Sergeants ability to carry

out the special task. The Chief may also develop goals and expectations for each task which would be required to be met prior to the receipt of payment for such tasks. Failure to meet the goals and expectations for a full quarter may result in suspension of special tasks payment the following quarter. **Effective January 1, 2007, all Sergeants shall be plus rated five percent (5%) per hour as payment for performing special tasks as assigned by the Chief.**

- E. For Sergeants, time off without pay shall delay salary step increases for the number of workdays involved; the effective date thus established shall be the date to be used in computing service for future step increases.

For the City:









For the FOP (Sergeants):







Date: 6-19-13

Date: 6/19/13

Contract Data Summary Sheet

Employer Name: CITY OF XENIA County: GREENE

BU: SERGEANT Union: FOP/OLC Local: _____

Start Date: 9/18/11 End Date: 9/13/14

<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

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Date of Increase 7 / 7 / 13

Percent 2.0 %
Hourly \$ 35.24
Annual \$ 73,299.20
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 _____

STATE OF OHIO
STATE EMPLOYMENT RELATIONS BOARD

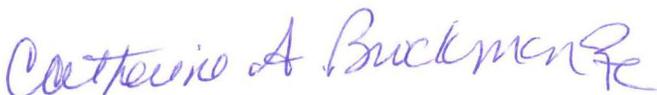
IN THE MATTER OF:

FRATERNAL ORDER OF POLICE,	}	
OHIO LABOR COUNCIL, INC.,	}	Case No(s): 13-MED-06-0774
EMPLOYEE ORGANIZATION,	}	(Reopener Sergeants)
	}	
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