06-25-12
11-MED-11-1666
0899-01
K28707

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

Contract Data Summary Sheet

Employer Name: City of Fairborn County: Greene

BU: SA Union: FOP Local: Lodge 48

Start Date: 3 / 1 / 12 End Date: 12 / 31 / 14

WAGE:	PAGE:
Aft. Dif.: $___.___/___%	
Eve. Dif.: $ .75 / ___%	25
Rank Dif. (Y) ___	
Haz. Pay: ___.___/___%	
Ret. Pick-up: ___%	
COLA: (Y) ___	
Ed. Incent: (Y) Y	27
Furlough: (Y) ___	
Ret. Incentive: (Y) ___	
Field Trip Rate: $___	
EMT Pay: ___.___	
Type: ___	
Paramedic Pay: ___.___	
Type: ___	

ALLOWANCES:	
Uniform(P/V): V	24
Amt: $1,175	
Cleaning: (P) ___	
Amt: ___	
Tools: (Y) ___	
Amt: ___	
Shoes: $___	
Mileage: (IRS Rate)	
Other: ___	
Firearm Prof.: ___	
Freq: ___	
Parking: (Y) ___	
Tuition: (Y) Y	8

VACATION:	16
1-5 Years 12 Days	
5-10 Years 14 Days	
10-15 Years 17 Days	
15-20 Years 20 Days	
20-25 Years 22 Days	
25+ Years 24 Days	
___ Years ___ Days	
___ Years ___ Days	
___ Years ___ Days	
Hol/Vac Combo: ___	

LONGEVITY: *			PAGE: 25
(Years)	(Amt.)	(%)	(Type)
5		1/2%	AN
10		1	AN
15		1 1/2	AN
20		2	AN
25		2 1/2	AN
(only if hired prior to 07/1999			

PAID LEAVE	
Holidays: 10	15
Personal Days: ___	
Birthday: (Y) ___	
Injury Leave: 0 / DY	19
Assault Leave: ___/___	
Union Leave (Y) Y	4
Holiday Pay: ___	
Fatal Force: (Y) ___	

SICK & BEREAVEMENT LEAVE	
Sick Days/Year: 15	17
Max Sick: ___/___	
Attendance Bonus: (Y) Y	18
Bank/Donated Time: (Y) ___	
Bereavement Leave:	20
Sick: 2	20
Funeral: 5	20
Other: (Y) ___	

INSURANCE*			20
	Single	Family	
Employer Amt:	$1500	$3500	* HSA Contribution
Employee Amt:	$___	$___	
Employer %:	79	79	
Employee %:	21	21	
Employer Cap (Y):	___	___	
Employee Cap (Y):	___	___	
Ann. Deductible:	$2000	$4000	* HSA
Co-Payment %:	___	___	

INSURANCE (cont.):		PAGE: 20
Out-of-Pocket Max: $___		$___
Cover Buy-Out:	$1,000	$2,500
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) Y * HSA only		
Prescriptions: (Y) ___		
Brand Name (Formulary) $___		
Generic: $___		
Dental: (Y) Y		
Optical: (Y) ___		
Life Ins. Amt.: $ 50,000		
Life Ins. Salary %: ___		
Accidental D&D: (Y) ___		
Health & Welfare: (Y) ___		
Cap Overage Formula: (Y) ___		
Health Care Committee: (Y) Y		
Coordination of Benefits: (Y) Y		
Major Medical: (Y) ___		
Comprehensive Major Medical: (Y) ___		

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

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

BENCHMARKS **PAGE: 31**

Title Police Officer

Date	3/10/12	1/12/13	1/11/14	__/__/__	Work Week:
					Hrs/Day:
Entry	$ 22.14	$ 22.58	$ 23.14	$ ___.___	Days/Yr:
					# Steps: 8
Top	$ 30.37	$ 30.98	$ 31.75	$ ___.___	Step Yrs: 8

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:

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

HOURS OF WORK	*PAGE:*
Comp Time Max: 160 . Hrs	
Flex Time: (Y)	
Call In: (Y) 3.0 Hrs OT	22
Court: (Y) 3.0 Hrs OT	22
Stand By: (Y)	
Report In: (Y) . Hrs	
Meal Time: . Min	
Rest Break: / Min.	
Overtime Cycle: / .	

SENIORITY AND ARBITRATION	
Prob. Period: 1 yr.	7
Shift: (Y)	
Recall Years: 2 yr	7
Super Seniority (Y)	
Arb: (Y) Y	11
Type: F/B	12
Cost (E/L/O): E	11
Mediation Step:(Y)	

OTHER		
Fairshare: (Y)		
Residency: (Y)		
Drug Test: (Y)	RS PA	28
Fitness Std.: (Y)		
Sub-Contract: (Y)	PR	13
Min Staff: (Y)		
Successor/Priv.: (Y)		
MAD: (Y)		

WAGE INCREASE ACROSS BOARD *PAGE* 31

Date of Increase 3 / 10 / 12

Percent 1.0 %
Hourly $
Annual $
Lump Sum $
Comments

Date of Increase 1 / 12 / 13

Percent 2.0 %
Hourly $
Annual $
Lump Sum $
Comments

Date of Increase 1 / 11 / 14

Percent 2.5 %
Hourly $
Annual $
Lump Sum $
Comments

Date of Increase / /

Percent %
Hourly $
Annual $
Lump Sum $
Comments