

Memorandum of Understanding (MOU) Between the Monroe County Sheriff (Employer) and the Fraternal Order of Police, Ohio Labor Council, Inc. (Union)

This Memorandum of Understanding is entered into this 7th day of October, 2013 between the Monroe County Sheriff's Office and the Fraternal Order of Police, Ohio Labor Council, Inc. . The purpose being, modification of Article 31 Section 31.1(Wages) and Article 34 Section 34.1(Duration of Agreement) of the Collective Bargaining Agreement between the parties effective February 1, 2012 expiring January 31, 2015. The terms of this Memorandum of Understanding shall take effect on October 20, 2013 and shall remain in full force and effect until December 31, 2014 or until such time as a Successor Agreement is executed.

It is understood that with the exception of the modifications reflected in this MOU the remainder of the Collective Bargaining Agreement shall stay unchanged.

**ARTICLE 31
WAGES**

Section 31.1

Effective October 20, 2013:

	<u>Probation</u>	<u>After 6 mo.</u>
Deputy	\$15.33	\$16.62
Part time Deputy 2%	\$15.33	\$16.62

	<u>Probation</u>	<u>After 6 mo.</u>
Sergeant	\$17.67	

Effective the first full pay period in January of 2014:

	<u>Probation</u>	<u>After 6 mo.</u>
Dispatcher	\$11.25	\$12.32

ARTICLE 34
DURATION OF AGREEMENT

Section 34.1 This agreement shall be effective February 1, 2012 and shall remain in full force and effect through **December 31, 2014** unless otherwise terminated as provided herein.

Date signed: October 7, 2013

For the FOP

W.A. Elmore FOP/ALCI

Sgt. James David Kind

Michel Burch

Dep. J. G. Gendall

For the Monroe County Commissioners

John M. ...
T. R. P.

Carl M. Davis

For the Monroe County Sheriff

Charles A. Black, Jr.

Contract Data Summary Sheet

Employer Name: Monroe County Sheriff's Office County: Monroe

BU: SM Union: FOP/O.L.C.I. Local: _____

Start Date: 02 /01 / 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) _____	_____		
<u>VACATION:</u>		<u>INSURANCE*</u>			
_____ Years _____ Days		Single	Family		
_____ Years _____ Days		Employer Amt: \$ _____	\$ _____		
_____ Years _____ Days		Employee Amt: \$ _____	\$ _____		
_____ Years _____ Days		Employer %: _____	_____		
_____ Years _____ Days		Employee %: _____	_____		
_____ Years _____ Days		Employer Cap (Y): _____	_____		
_____ Years _____ Days		Employee Cap (Y): _____	_____		
_____ Years _____ Days		Ann. Deductible: \$ _____	\$ _____		
_____ Years _____ Days		Co-Payment %: _____	_____		
Hol/Vac Combo: _____	_____				

* 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

PAGE **MOH**

Date of Increase 10 / 20 / 13

Percent _____ %
Hourly \$ 1.00
Annual \$ _____
Lump Sum \$ _____
Comments Sergeants and Deputies

Date of Increase 01 / 01 / 14

Percent _____ %
Hourly \$.42
Annual \$ _____
Lump Sum \$ _____

Comments Dispatchers

Date of Increase _____ / _____ / _____

Percent _____ %
Hourly \$ _____
Annual \$ _____
Lump Sum \$ _____

Comments _____

Date of Increase _____ / _____ / _____

Percent _____ %
Hourly \$ _____
Annual \$ _____
Lump Sum \$ _____

Comments _____

BENCHMARKS

PAGE: _____

Job Title Deputy

Date 10 / 20 / 2013 _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: 40

Hrs/Day: 8/5

Entry \$ 31,886 .40 \$ _____ . _____ \$ _____ . _____ \$ _____ . _____

Days/Yr: _____

Steps: 1

Top \$ 34,569 .60 \$ _____ . _____ \$ _____ . _____ \$ _____ . _____

Step Yrs: 6 M

Job Title Sergeant

Date 10 / 20 / 13 _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Work Week: 40

Hrs/Day: 8/5

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

Days/Yr: _____

Steps: 0

Top \$ 36,753 .60 \$ _____ . _____ \$ _____ . _____ \$ _____ . _____

Step Yrs: 0

Job Title Dispatcher

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

Work Week: 40

Hrs/Day: 8/5

Entry \$ 23,400 .00 \$ _____ . _____ \$ _____ . _____ \$ _____ . _____

Days/Yr: _____

Steps: 1

Top \$ 25,625 .60 \$ _____ . _____ \$ _____ . _____ \$ _____ . _____

Step Yrs: 6 M

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. ,
EMPLOYEE ORGANIZATION,

}
}
}
}
}
}
}
}
}

Case No(s): 12-MED-12-1461

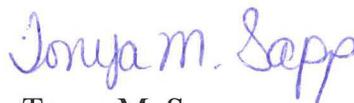
and,

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

cc: Mr. Charles Black, chuck.black@monroesheriff.com