12-CON-03-0555

05-06-15
12-CON-03-0555
0555-03
K29571

Memorandum of Understanding between
Cuyahoga County Board of Developmental Disabilities (CCBDD) and OAPSE Local #744

1. This agreement is non-binding on the respective parties; CCBDD and OAPSE Local #744.

2. The negotiations teams for the CCBDD and OAPSE met during the month of May, 2014 and agreed to extend the collective bargaining agreement (CBA) for the calendar year 2016. Both negotiations teams have agreed to the terms of this MOU in order to move this option to a vote by union membership and approvals by the CCBDD Board and County Council.

3. The parties agree that the annual pay increase in 2016 will be 2.5%, if the parties opt to extend the CBA . Salary ranges will be adjusted by the same percentage.

4. The other provisions of the 2013-2015 CBA will remain unchanged in 2016 unless modified by mutual agreement of the parties.

5. This Memorandum of Understanding will be presented to the CCBDD, the union membership and the County Council prior to December 31, 2014.

John McLaughlin
CCBDD

Print Name: John McLaughlin

Date: 5/19/2014

Louis Johnson
OAPSE

Print Name: LOUIS JOHNSON

Date: 5-22-14

Ann M. Tanner
Ann M. Tanner
5/22/14

LK 113

FOR SERB INTERNAL OFFICE USE ONLY: Employer # 0555-03 Contract # 29571

Contract Data Summary Sheet

Employer Name: Cuyahoga County Board of DD County: 12-CON-03-0555

BU: NT Union: OAPSE Local: 744

Start Date: 1/1/13 End Date: 12/31/16 — 12-31-2016

WAGE:		PAGE:
Aft. Dif.: $ .60 %		54
Eve. Dif.: $ .70 %		54
Rank. Dif. (Y)		
Haz. Pay: 1 %		
Retirement Pick-up: %		
Cost Of Living Adjust. (Y)		
ED. Incent: (Y) Y		55
Furlough: (Y)		
Ret. Incentive: (Y) Y		68
Field Trip Rate: $		
EMT Pay:$		
Type:		
Paramedic Pay: $		
Type:		

ALLOWANCES:		
Uniform: (P/V) P/V		53
Amt: $ 100		
Cleaning: (P)		
Amt: $		
Tools: (P) P/V		52
Amt: $ 700		
Shoes: $ 120		53
Mileage:(IRS Rate)		
Other: $		
Firearm Prof.:		
Freq:		
Parking: (Y)		
Tuition: (Y) Y		74

VACATION	
0 Years	5 Days
1 Years	10 Days
7 Years	15 Days
14 Years	20 Days
24 Years	25 Days
Years	Days
Years	Days
Years	Days
Years	Days

Hol/Voc Combo:

LONGEVITY				PAGE: 60
(Years)	(Amt.)	(%)	(Type)	
20	.30		hr	

PAID LEAVE:		
Holidays:	15	40
Personal Days:	3	45
Birthday: (Y)		
Injury Leave:	1	
Assault Leave:	5 / days	46
Union Leave: (Y)	Y	47
Holiday Pay: $		
Fatal Force: (Y)		

SICK BEREAVEMENT LEAVE:		
Sick Days/Year:	9	43
Max Sick:	1	
Attendance Bonus: (Y)		
Bank/Donated Time: (Y)	Y	45
Bereavement Leave:		
Sick:		
Funeral:		
Other: (Y)		

INSURANCE: * 69

	Single	Family
Employer Amount:	$	$
Employee Amount	$	$
Employer %:	90	90
Employee %:	10	10
Employer Cap: (Y		
Employee Cap: (Y)		
Ann. Deductible:	$300	$600
Co-Payment %:		

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

INSURANCE (cont.)		PAGE: 69
Out-of-Pocket Max: $	1000	$ 2000
Cover Buy-Out:	$ 1,500	$ 1,500
Traditional: (Y)		
Managed Care: (Y)	Y	
Type: (Y)		
HMO:	Y	Type:
PPO:	Y	
Self Funded:		
Partial Self-Funded:		
Consortium:		
Liability: (Y)		
Section 125: (Y)	Y	
Enrollment Fee: $		
Other: (Y)		
Prescriptions: (Y)	Y	
Brand Name (Formulary) $	30	
Generic:	$ 10	
Dental: (Y)	Y	
Optical: (Y)	Y	
Life Ins. Amt.:	$ 40,000	
Accidental D and D: (Y)	Y	
Health and Welfare:		
Cap Overage Formula: (Y)		
Health Care Committee: (Y)		
Coordination of Benefites: (Y)		
Major Medical: (Y)		
Comprehensive Major Medical: (Y)		

FOR SERB INTERNAL OFFICE USE ONLY: Employer # 0555 Contract # 2871

HOURS OF WORK	PAGE:
Comp Time Max ____ Hrs	____
Flex Time: (Y) ____	____
Call In: (Y) Y 2.5 Hrs AR	61
Court: (Y) ___.___ Hrs ____	____
Stand By: (Y) Y	61
Report In: (Y) ___.___ Hrs ___	____
Paid Meal Time: ____ Min	____
Paid Rest Break 2 15 Min	54
Overtime Cycle: 40 7	61
SENIORITY AND ARBITRATION	
Prob. Period: 120 CD	9
Seniority Shift Preference: (Y)	____
Recall Years: 2 years	28
Union Officer Super Seniority (Y) ____	____
Arb: (Y) Y	12
Type: ____	____
Cost (E/L/O): E	12
Mediation Step: (Y) Y	4
OTHER	
Fairshare: (Y) Y	6
Residency: (Y) ____	____
Drug Test: (Y) Y PA, RS,	37
Fitness Std.: (Y) ____	____
Sub-Contract: (Y) Y	75
Min Staff: (Y) ____	____
Successor/Priv.: (Y) Y	1
MAD: (Y) ____ ____	____

WAGE INCREASE ACROSS BOARD	PAGE: 64
Date of Increase 9/1/12	
Percent: 2 %	
Hourly: $ _____	
Annual: $ _____	
Lump Sum: $ _____	
Wage Reopener: (Y) _____	
Comments: _____	
Date of Increase 9/1/13	
Percent: 2 %	
Hourly: $ _____	
Annual: $ _____	
Lump Sum: $ _____	
Wage Reopener: (Y) _____	
Comments: _____	
Date of Increase 9/1/14	
Percent: 2.5 %	
Hourly: $ _____	
Annual: $ _____	
Lump Sum: $ _____	
Wage Reopener: (Y) _____	
Comments: _____	
Date of Increase 9/1/15	
Percent: 2.5 %	
Hourly: $ _____	
Annual: $ _____	
Lump Sum: $ _____	
Wage Reopener: (Y) _____	
Comments: _____	

* 9-1-2016
2.5 %

False

OR SERB INTERNAL OFFICE USE ONLY: Employer # 0855 Contract # 29571

BENCHMARKS **PAGE: 63**

Job Title Bus Driver

Date	9/1/13	9/1/14	9/1/15	/ /	Work Week: 40
					Hrs/Day: 8
Entry	$ 14.50	$ 14.79	$ 15.09	$.	Days/Yr:
					# Steps:
Top	$ 24.01	$ 24.67	$ 25.28	$.	Step Yrs:

Job Title Monitor

Date	9/1/13	9/1/14	9/1/15	/ /	Work Week: 40
					Hrs/Day: 8
Entry	$ 12.19	$ 12.43	$ 12.68	$.	Days/Yr:
					# Steps:
Top	$ 20.16	$ 20.66	$ 21.18	$.	Step Yrs:

Job Title Mechanic

Date	9/1/13	9/1/14	9/1/15	/ /	Work Week: 40
					Hrs/Day: 8
Entry	$ 25.50	$ 26.01	$ 26.53	$.	Days/Yr:
					# Steps:
Top	$ 31.22	$ 32.00	$ 32.80	$.	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 #_____

BENCHMARKS ***PAGE:*** _____

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: _____

Job Title _____

Date ___/___/___ ___/___/___ ___/___/___ ___/___/___ Work Week:_____

Hrs/Day: _____

Entry $_____.___ $_____.___ $_____.___ $_____.___ Days/Yr: _____

Steps: _____

Top $_____.___ $_____.___ $_____.___ $_____.___ Step Yrs: _____