

MEMORANDUM OF UNDERSTANDING

The City of Tipp City (Employer), after discussions with the Fraternal Order of Police/Ohio Labor Council (FOP/OLC) is considering the implementation of a twelve (12) hour work schedule in the Police Department, in accordance with Article 15, Hours of Work and Overtime. During the time period employees are working twelve (12) hour shifts, the following language will apply. If the City determines to revert back to eight (8) hour shifts, the original language in the following collective bargaining agreements will apply: 2012-MED-01-0007 (Police Officers) and 2012-MED-01-0008 (Sergeants).

- A. **Section 16.5. Shift Differential.** Employees working 6:00 a.m. to 6:00 p.m. get an additional zero cents (\$0.00) per hour shift differential. Employees working 6:00 p.m. to 6:00 a.m. get an additional forty cents (\$.40) per hour shift differential.
- B. **Article 20, Vacation.** Accrual of vacation, carryover of vacation, and use of vacation will be in hours and not days.
- Section 20.4.** An employee may convert twenty-four (24) sick leave hours for eight (8) bonus vacation hours provided that accrued sick leave of over 1440 hours is maintained and no more than twenty-four (24) hours bonus vacation may be converted in one (1) year. Conversion can only be done once annually, by December 15, each year of the Agreement. Section 22.7 of this Agreement will not apply if employees convert sick leave for bonus vacation under this provision.
- C. **Section 22.7. Sick Leave.** Employees may convert twenty-four (24) hours sick leave for eight (8) hours cash provided that the accrued sick leave balance of 720 hours is maintained, and no more than 120 hours of sick leave is converted to forty (40) hours cash. Section 20.4 of this Agreement will not apply if employees convert sick leave to cash under this provision.
- D. **Article 23, Bereavement Leave.** Change three (3) days to twenty-four (24) hours.
- E. **Section 28.2. Severance Pay.** Under the "Maximum Payment" column only the listed hours shall apply.
- F. **Section 37.12. Physical Abilities Testing.** Change one (1) personal leave day to eight (8) hours of personal leave.

This M.O.U. is intended to apply to employees assigned to "Road Patrol" duties only. Both parties agree they may have overlooked other areas of the agreements that need amended. Such areas that may be discovered at a later time will be discussed in Labor/Management meetings.

FOR THE CITY:



Date Submitted: _____

FOR THE FOP/OLC:



Date Signed: 5-14-13

Contract Data Summary Sheet

Employer Name: City of Tipp City County: Miami

BU: SS Union: FOP/OLC Local: _____

Start Date: ___/___/___ End Date: ___/___/___

WAGE:	PAGE:	LONGEVITY	PAGE:	INSURANCE (cont.)	PAGE:
Aft. Dif.: \$ ___/___%	_____	(Years) (Amt.) (%) (Type)	_____	Out-of-Pocket Max: \$ _____ \$ _____	_____
Eve. Dif.: \$ <u>40</u> / ___%	_____	_____	_____	Cover Buy-Out: \$ _____ \$ _____	_____
Rank. Dif. (Y) _____	_____	_____	_____	Traditional: (Y) _____	_____
Haz. Pay: ___/___%	_____	_____	_____	Managed Care: (Y) _____	_____
Retirement Pick-up: ___%	_____	_____	_____	Type: (Y) _____	_____
Cost Of Living Adjust. (Y) _____	_____	_____	_____	HMO: _____ Type: _____	_____
ED. Incent: (Y) _____	_____	_____	_____	PPO: _____	_____
Furlough: (Y) _____	_____	_____	_____	Self Funded: _____	_____
Ret. Incentive: (Y) _____	_____	_____	_____	Partial Self-Funded: _____	_____
Field Trip Rate: \$ _____	_____	PAID LEAVE:	_____	Consortium: _____	_____
EMT Pay: \$ _____	_____	Holidays: _____	_____	Liability: (Y) _____	_____
Type: _____	_____	Personal Days: _____	_____	Section 125: (Y) _____	_____
Paramedic Pay: \$ _____	_____	Birthday: (Y) _____	_____	Enrollment Fee: \$ _____	_____
Type: _____	_____	Injury Leave: ___/___	_____	Other: (Y) _____	_____
ALLOWANCES:	_____	Assault Leave: ___/___	_____	Prescriptions: (Y) _____	_____
Uniform: (P/V) _____	_____	Union Leave: (Y) _____	_____	Brand Name (Formulary) \$ _____	_____
Amt: \$ _____	_____	Holiday Pay: \$ _____	_____	Generic: \$ _____	_____
Cleaning: (P) _____	_____	Fatal Force: (Y) _____	_____	Dental: (Y) _____	_____
Amt: \$ _____	_____	SICK BEREAVEMENT LEAVE:	_____	Optical: (Y) _____	_____
Tools: (P) _____	_____	Sick Days/Year: _____	_____	Life Ins. Amt.: \$ _____	_____
Amt: \$ _____	_____	Max Sick: ___/___	_____	Accidental D and D: (Y) _____	_____
Shoes: \$ _____	_____	Attendance Bonus: (Y) _____	_____	Health and Welfare: _____	_____
Mileage: (IRS Rate) _____	_____	Bank/Donated Time: (Y) _____	_____	Cap Coverage Formula: (Y) _____	_____
Other: \$ _____	_____	Bereavement Leave: _____	_____	Health Care Committee: (Y) _____	_____
Firearm Prof.: _____	_____	Sick: _____	_____	Coordination of Benefites: (Y) _____	_____
Freq: _____	_____	Funeral: _____	_____	Major Medical: (Y) _____	_____
Parking: (Y) _____	_____	Other: (Y) _____	_____	Comprehensive Major Medical: (Y) _____	_____
Tuition: (Y) _____	_____	INSURANCE: *	_____		
VACATION	_____	Single	Family		
____ Years ____ Days	_____	Employer Amount: \$ _____ \$ _____	_____		
____ Years ____ Days	_____	Employee Amount \$ _____ \$ _____	_____		
____ Years ____ Days	_____	Employer %: _____	_____		
____ Years ____ Days	_____	Employee %: _____	_____		
____ Years ____ Days	_____	Employer Cap: (Y) _____	_____		
____ Years ____ Days	_____	Employee Cap: (Y) _____	_____		
____ Years ____ Days	_____	Ann. Deductible: \$ _____ \$ _____	_____		
____ Years ____ Days	_____	Co-Payment %: _____	_____		
____ Years ____ Days	_____				

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

Hol/Voc Combo: _____

Contract Data Summary Sheet

Employer Name: City of Tipp City County: Miami

BU: SA Union: FOP/OLC Local: _____

Start Date: ___/___/___ End Date: ___/___/___

WAGE: **PAGE:**
 Aft. Dif.: \$ ___/___%
 Eve. Dif.: \$ 40 / ___%
 Rank. Dif. (Y) _____
 Haz. Pay: ___/___%
 Retirement Pick-up: ___%
 Cost Of Living Adjust. (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: (P) _____
 Amt: \$ _____
 Shoes: \$ _____
 Mileage: (IRS Rate) _____
 Other: \$ _____
 Firearm Prof.: _____
 Freq: _____
 Parking: (Y) _____
 Tuition: (Y) _____

VACATION
 _____ Years _____ Days
 _____ Years _____ Days

Hol/Voc Combo: _____

LONGEVITY **PAGE:**
 (Years) (Amt.) (%) (Type)

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 Amount: \$ _____ \$ _____
 Employee Amount \$ _____ \$ _____
 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.

INSURANCE (cont.) **PAGE:**
 Out-of-Pocket Max: \$ _____ \$ _____
 Cover Buy-Out: \$ _____ \$ _____
 Traditional: (Y) _____
 Managed Care: (Y) _____
 Type: (Y) _____
 HMO: _____ Type: _____
 PPO: _____
 Self Funded: _____
 Partial Self-Funded: _____
 Consortium: _____
 Liability: (Y) _____
 Section 125: (Y) _____
 Enrollment Fee: \$ _____
 Other: (Y) _____
 Prescriptions: (Y) _____
 Brand Name (Formulary) \$ _____
 Generic: \$ _____
 Dental: (Y) _____
 Optical: (Y) _____
 Life Ins. Amt.: \$ _____
 Accidental D and D: (Y) _____
 Health and Welfare: _____
 Cap Coverage Formula: (Y) _____
 Health Care Committee: (Y) _____
 Coordination of Benefites: (Y) _____
 Major Medical: (Y) _____
 Comprehensive Major Medical: (Y) _____