

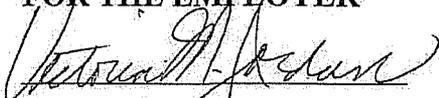
**MEMORANDUM OF UNDERSTANDING**  
**BACKGROUND**

The purpose of this memorandum is to modify and amend Article 20, Section 20.1 of the Collective Bargaining Agreement between the Board of Trustees of the Central Ohio Youth Center and the Ohio Patrolmen's Benevolent Association entered into on January 1, 2012 and expiring December 31, 2014 (2012-MED-02-0157). All other provisions of the CBA shall remain unchanged.

**AMENDMENT TO ARTICLE 20, SECTION 20.1**  
**2014 WAGE RE-OPENER**

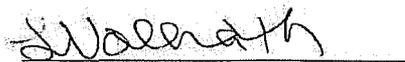
**Section 20.1.** Employees shall receive current wages for 2012. Effective January 1, 2013, each bargaining unit member shall receive a two percent (2%) base wage increase. Effective January 1, 2014, each bargaining unit member shall receive a two percent (2%) base wage increase.

**FOR THE EMPLOYER**



Dated: 11/15/13

**FOR THE OPBA**



Dated: 11-20-13

**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 \_\_\_\_\_  
Paid Meal Time: \_\_\_\_\_ Min \_\_\_\_\_  
Paid Rest Break \_\_\_\_\_ / \_\_\_\_\_ Min \_\_\_\_\_  
Overtime Cycle: \_\_\_\_\_ / \_\_\_\_\_

**SENIORITY AND ARBITRATION**

Prob. Period: \_\_\_\_\_  
Seniority Shift Preference: (Y) \_\_\_\_\_  
Recall Years: \_\_\_\_\_  
Union Officer 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:** \_\_\_\_\_

Date of Increase 1 / 1 / 12  
Percent: \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: current wages

Date of Increase 1 / 1 / 13  
Percent: 2 \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

Date of Increase 1 / 1 / 14  
Percent: 2 \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

Date of Increase \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Percent: \_\_\_\_\_ %  
Hourly: \$ \_\_\_\_\_  
Annual: \$ \_\_\_\_\_  
Lump Sum: \$ \_\_\_\_\_  
Wage Reopener: (Y) \_\_\_\_\_  
Comments: \_\_\_\_\_

**Contract Data Summary Sheet**

Employer Name: Central Ohio Youth Center County: Union

BU: BC Union: OPBA Local: \_\_\_\_\_

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

<b>WAGE:</b>	<b>PAGE:</b>	<b>LONGEVITY</b>	<b>PAGE:</b>	<b>INSURANCE (cont.)</b>	<b>PAGE:</b>
Aft. Dif.: \$ ____/____%	_____	(Years) (Amt.) (%) (Type)	_____	Out-of-Pocket Max: \$ ____ \$ ____	_____
Eve. Dif.: \$ ____/____%	_____	_____	_____	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: \$ _____	_____	<b>PAID LEAVE:</b>	_____	Consortium: _____	_____
EMT Pay: \$ _____	_____	Holidays: _____	_____	Liability: (Y) _____	_____
Type: _____	_____	Personal Days: _____	_____	Section 125: (Y) _____	_____
Paramedic Pay: \$ _____	_____	Birthday: (Y) _____	_____	Enrollment Fee: \$ _____	_____
Type: _____	_____	Injury Leave: ____/____	_____	Other: (Y) _____	_____
<b>ALLOWANCES:</b>	_____	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: \$ _____	_____	<b>SICK BEREAVEMENT LEAVE:</b>	_____	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 Overage 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) _____	_____	<b>INSURANCE: *</b>	_____		
<b>VACATION</b>	_____	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 %: _____	_____		

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

Hol/Voc Combo: \_\_\_\_\_