09-04-13
12-MED-05-0555
1903-03
K29745

MEMORANDUM OF UNDERSTANDING

The Pickaway County Sheriff (Employer) and the Fraternal Order of Police, Ohio Labor Council (Union) are parties to two (2) collective bargaining agreements (Deputies and Sergeants 12-MED-05-0554 and 12-MED-05-0556; Dispatchers 12-MED-05-0555) which expire on August 15, 2015.

The Pickaway County Commissioners have authorized a mid-term raise of one and one-quarter percent (1.25%) for both agreements effective June 30, 2013 and an additional mid-term raise of one half percent (.5%), effective January 1, 2014.

Both parties agree to such mid-term wage increase and the new wage scales are attached to this M.O.U. as Appendix A.

FOR THE SHERIFF:

Robert Radcliff
Sheriff

John Krock
Labor Consultant

FOR THE FOP/OLC:

Andrea H. Johan, FOP/OLC Staff Representative

Tracy Andrews, Bargaining Committee Deputy Unit

Cory Bachnicki, Bargaining Committee Sergeant Unit

Tonda Sollars, Bargaining Committee, Dispatch Unit

Date Signed 8-20-13

APPENDIX A

Road Deputies/Detectives

	A	B	C	D	E
January 1, 2013 (.5%)	$17.83	$18.53	$19.70	$20.69	$21.35
June 30, 2013 (1.25%)	$18.05	$18.76	$19.95	$20.95	$21.62
January 1. 2014 (.5%)	$18.14	$18.85	$20.05	$21.05	$21.73

Step A is the starting rate of pay
Step B is earned after one (1) year of continuous service within the assigned classification.
Step C is earned after three (3) years of continuous service within the assigned classification.
Step D is earned after five (5) years of continuous service within the assigned classification.
Step E is earned after seven (7) years of continuous service within the assigned classification.

Notation: Deputies assigned to the Detective Division shall receive a seventy-five cents ($.75) per hour supplement.

Deputies assigned as Firearms Officer will receive fifty cents ($.50) an hour supplement for each hour of instruction.

Communication Sergeants, Jail Sergeants, Training Sergeants, Road Sergeants, Detective Sergeants, Civil Sergeants

	Start	End of Probation
January 1, 2013 (.5%)	$22.20	$22.84
June 30, 2013 (1.25%)	$22.48	$23.13
January 1, 2014 (.5%)	$22.59	$23.25

Notation: Sergeants assigned to the Detective Division shall receive a seventy-five cents ($.75) per hour supplement.

Sergeants assigned as Firearms Officer will receive fifty cents ($.50) an hour supplement for each hour of instruction.

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

Contract Data Summary Sheet

Employer Name: SHERIFF County: PICKAWAY CO.

BU: SS+SA Union: FOP Local: OLC

MOU

Start Date: ___/___/___ End Date: 8/31/15 - additional wage increase

WAGE: PAGE:

Aft. Dif.: $___.___/___% _____
Eve. Dif.: $___.___/___% _____
Rank Dif. (Y) ____ _____
Haz. Pay: ___.___/___% _____
Ret. Pick-up: _____% _____
COLA: (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: (Y) _____ _____
Amt: _____
Shoes:$_____ _____
Mileage: (IRS Rate) _____
Other: _____
Firearm Prof.: _____ _____
Freq: _____
Parking: (Y) _____ _____
Tuition: (Y)_____ _____

VACATION: _____

_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
_____ Years _____Days
Hol/Vac 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 Amt:	$_____	$_____
Employee Amt:	$_____	$_____
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 _____
PPO _____
Self-Funded _____
Partial Self-Funded _____
Consortium _____
Liability (Y): ____ ____
Section 125: (Y) _____ Type:_____
Enrollment Fee: $_____
Other: (Y) _____
Prescriptions: (Y) _____
Brand Name (Formulary) $_____
Generic: $_____
Dental: (Y) _____
Optical: (Y) _____
Life Ins. Amt.: $_____
Life Ins. Salary %: _____
Accidental D&D: (Y) _____
Health & Welfare: (Y) _____
Cap Overage Formula: (Y) _____
Health Care Committee: (Y) _____
Coordination of Benefits: (Y) _____
Major Medical: (Y) _____
Comprehensive Major Medical: (Y) _____

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

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*** ____

Date of Increase 6 / 30 / 13

Percent 1.25 %

Hourly $_____

Annual $_____

Lump Sum $_____

Comments _____

Date of Increase 1 / 1 / 14

Percent .5 %

Hourly $_____

Annual $_____

Lump Sum $_____

Comments _____

Date of Increase ____/____/____

Percent _____%

Hourly $_____

Annual $_____

Lump Sum $_____

Comments _____

Date of Increase ____/____/____

Percent _____%

Hourly $_____

Annual $_____

Lump Sum $_____

Comments _____

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

BENCHMARKS **PAGE:**_____

Job Title Deputy

Date	6/30/13	1/1/14	___/___/___	___/___/___	Work Week:_____
					Hrs/Day: _____
Entry	$ 18.05	$ 18.14	$_____.___	$_____.___	Days/Yr: _____
					# Steps: _____
Top	$ 21.63	$ 21.73	$_____.___	$_____.___	Step Yrs: _____

Job Title Sergeant

Date	6/30/13	1/1/14	___/___/___	___/___/___	Work Week:_____
					Hrs/Day: _____
Entry	$ 22.48	$ 22.59	$_____.___	$_____.___	Days/Yr: _____
					# Steps: _____
Top	$ 23.13	$ 23.25	$_____.___	$_____.___	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: _____

STATE EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF:

FRATERNAL ORDER OF POLICE, OHIO LABOR COUNCIL, INC., EMPLOYEE ORGANIZATION,	} Case No(s): None } (Mid-Term. Bargaining no MED filed)
and,	
PICKAWAY 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

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

cc: John Krock, Management Consultant, jkrock@clemansnelson.com
Sheriff Robert Radcliff, rradcliff@pickawaysheriff.com
R. Reeser, rreeser@pickawaysheriff.com