TENTATIVE AGREEMENT

The Morrow County Sheriff and the FOP/OLC agree to a two percent (2%) wage increase to the wage scale in Section 21.1 (see below) effective February 1, 2013. This wage increase settles the wage reopener identified in Section 36.1 (D) for the third year of the current agreement:

ARTICLE 21
WAGES

Section 21.1. The following rates will be effective February 1, 2013 (2%):

A.

Classification		A	B	C	D	E
Deputy (Road)		14.45	15.00	15.57	16.24	16.87
Deputy (Jailer)		12.51	13.01	13.57	14.08	14.65
Deputy/Dispatcher		12.51	13.01	13.57	14.08	14.65
Records Clerk		12.51	13.01	13.57	14.08	14.65

Sergeants (Road-Jail) 18.54
Lieutenants 19.90

B. Employees will normally be hired at Step A of the wage scale. Employees will advance to the next step of the wage scale the first full pay after their anniversary date each year until they reach Step E of the scale. All employees must work a year in the new step of the wage scale before advancing to the next step. Employees who receive a promotion will advance to the new range, in the step which allows increase.

C. Employees assigned to property room technician will receive a fifty cent ($.50) an hour wage supplement. The employee promoted to the Purchasing Deputy and Corrections Corporals will receive a one dollar ($1.00) supplement above Step E of Deputy (Jailer). The employee promoted to Dispatcher Supervisor (TAC Officer) will receive a one dollar ($1.00) supplement above Step E of the Deputy Dispatcher.

D. Each full-time bargaining unit employee shall receive longevity pay added to their base rate of pay upon the completion of the required years of employment with the Morrow County Sheriff's office as follows:

After six (6) years' service.....$0.25 per hour
After twelve (12) years' service.....$0.50 per hour
After eighteen (18) years' service.....$0.75 per hour
After twenty-three (23) years' service.....$1.00 per hour

E. Detective will receive $0.75 per hour for all hours worked to compensate for changing schedules and callouts.

(Signature lines on following page.)

FOR THE MORROW COUNTY SHERIFF:

FOR THE FOP/OLC:

Date Submitted: 1-14-13

Date Signed: 1-14-13

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

BENCHMARKS PAGE: _____

Job Title Lieutenants

Date	2/1/13	__/__/__	__/__/__	__/__/__	Work Week: ____
Entry	$ 41392.00	$ ____.____	$ ____.____	$ ____.____	Hrs/Day: ____
					Days/Yr: ____
					# Steps: ____
					Step Yrs: ____
Top	$ 41392.00	$ ____.____	$ ____.____	$ ____.____	

Job Title _____

Date	2/1/13	__/__/__	__/__/__	__/__/__	Work Week: ____
Entry	$ ____.____	$ ____.____	$ ____.____	$ ____.____	Hrs/Day: ____
					Days/Yr: ____
					# Steps: ____
					Step Yrs: ____
Top	$ ____.____	$ ____.____	$ ____.____	$ ____.____	

Job Title _____

Date	2/1/13	__/__/__	__/__/__	__/__/__	Work Week: ____
Entry	$ ____.____	$ ____.____	$ ____.____	$ ____.____	Hrs/Day: ____
					Days/Yr: ____
					# Steps: ____
					Step Yrs: ____
Top	$ ____.____	$ ____.____	$ ____.____	$ ____.____	

Job Title _____

Date	2/1/13	__/__/__	__/__/__	__/__/__	Work Week: ____
Entry	$ ____.____	$ ____.____	$ ____.____	$ ____.____	Hrs/Day: ____
					Days/Yr: ____
					# Steps: ____
					Step Yrs: ____
Top	$ ____.____	$ ____.____	$ ____.____	$ ____.____	

Job Title _____

Date	2/1/13	__/__/__	__/__/__	__/__/__	Work Week: ____
Entry	$ ____.____	$ ____.____	$ ____.____	$ ____.____	Hrs/Day: ____
					Days/Yr: ____
					# Steps: ____
					Step Yrs: ____
Top	$ ____.____	$ ____.____	$ ____.____	$ ____.____	

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

BENCHMARKS PAGE: _____

Job Title Deputy (Road)

Date	2/1/13	__/__/__	__/__/__	__/__/__
Entry	$ 30056.00	$ ____.__	$ ____.__	$ ____.__
Top	$ 35089.60	$ ____.__	$ ____.__	$ ____.__

Work Week: ____
Hrs/Day: ____
Days/Yr: ____
Steps: ____
Step Yrs: ____

Job Title Deputy (Jailer)

Date	2/1/13	__/__/__	__/__/__	__/__/__
Entry	$ 26020.80	$ ____.__	$ ____.__	$ ____.__
Top	$ 30472.00	$ ____.__	$ ____.__	$ ____.__

Work Week: ____
Hrs/Day: ____
Days/Yr: ____
Steps: ____
Step Yrs: ____

Job Title Deputy/Dispatcher

Date	2/1/13	__/__/__	__/__/__	__/__/__
Entry	$ 26020.80	$ ____.__	$ ____.__	$ ____.__
Top	$ 30472.00	$ ____.__	$ ____.__	$ ____.__

Work Week: ____
Hrs/Day: ____
Days/Yr: ____
Steps: ____
Step Yrs: ____

Job Title Records Clerk

Date	2/1/13	__/__/__	__/__/__	__/__/__
Entry	$ 26020.80	$ ____.__	$ ____.__	$ ____.__
Top	$ 30472.00	$ ____.__	$ ____.__	$ ____.__

Work Week: ____
Hrs/Day: ____
Days/Yr: ____
Steps: ____
Step Yrs: ____

Job Title Sergeants

Date	2/1/13	__/__/__	__/__/__	__/__/__
Entry	$ 38563.20	$ ____.__	$ ____.__	$ ____.__
Top	$ 38563.20	$ ____.__	$ ____.__	$ ____.__

Work Week: ____
Hrs/Day: ____
Days/Yr: ____
Steps: ____
Step Yrs: ____

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 ___ _____

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 2 / 1 / 13

Percent: 2 %

Hourly: $ _____

Annual: $ _____

Lump Sum: $ _____

Wage Reopener: (Y) _____

Comments:_____

Date of Increase ____/____/____

Percent: _____%

Hourly: $ _____

Annual: $ _____

Lump Sum: $ _____

Wage Reopener: (Y) _____

Comments:_____

Date of Increase ____/____/____

Percent: _____%

Hourly: $ _____

Annual: $ _____

Lump Sum: $ _____

Wage Reopener: (Y) _____

Comments:_____

Date of Increase ____/____/____

Percent: _____%

Hourly: $ _____

Annual: $ _____

Lump Sum: $ _____

Wage Reopener: (Y) _____

Comments:_____

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

Contract Data Summary Sheet

Employer Name: Morrow County Sheriff County: Morrow

BU: MU Union: FOP/OLC Local: _____

Start Date: 1 /1 / 10 End Date: 1 /31 / 14

WAGE: **PAGE:**

Aft. Dif.: $ ____.___/___% _____
Eve. Dif.: $ ____.___/___% _____
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
_____ Years _____ Days
_____ Years _____ Days
_____ Years _____ Days
_____ Years _____ Days
_____ Years _____ Days
_____ 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 htere 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 Overage Formula: (Y) _____
Health Care Committee: (Y) _____
Coordination of Benefites: (Y) _____
Major Medical: (Y) _____
Comprehensive Major Medical: (Y) _____