

FIRE Contract Data Summary Sheet

Employer Name: _____ County: _____



Union: _____ Local: _____

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

WAGE SUPPLEMENTS: **PAGE:** _____

Afternoon Dif.: \$ ___/___% _____

Evening Dif.: \$ ___/___% _____

Rank Differential (Y) _____

Hazard Pay: ___/___% _____

Retirement Pick-up: _____% _____

Merit Pay: (Y) _____

Education Incentive: (Y) _____

EMT Pay: _____ Type: _____

Paramedic Pay: _____ Type: _____

SICK LEAVE **PAGE** _____

Sick Days/Year: _____

Max Sick: ___/___ _____

Attendance Bonus: (Y) _____

Bank/Donated Time: (Y) _____

WAGE INCREASE ACROSS BOARD

PG _____

Date of Increase ___/___/___

Percent _____%

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments: _____

ALLOWANCES **PAGE:** _____

Uniform: (P/V): _____

Amt: _____

Cleaning: (Y) _____

Amt: _____

Mileage: (IRS Rate) (Y) _____

Other : \$ _____

Tuition: (Y) _____

BREAVEMENT LEAVE: _____

Sick: _____

Funeral: _____

Other: (Y) _____

HOURS OF WORK **PAGE:** _____

Comp Time Max: _____ Hrs _____

Call In: (Y) ___Hrs _____

Court: (Y) ___Hrs _____

Stand By (Y) _____

Report In: (Y) ___Hrs _____

Overtime Cycle: ___/___ _____

Date of Increase ___/___/___

Percent _____%

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments: _____

VACATION **PAGE:** _____

___ Years ___ Days

Holi/-Vac Combo: (Y) _____

HR/WK: _____

HR/DY: _____

SENIORITY

Prob. Period: ___/___ _____

Shift: (Y) _____

Recall Years: _____

Super Seniority: (Y) _____

Date of Increase ___/___/___

Percent _____%

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments: _____

LONGEVITY: **PAGE:** _____

(Years) (Amt.) (%) (Type)

GRIEVANCE ARBITRATION

Arbitration: (Y) _____

Cost: (E/L/O) _____

Mediation Step: (Y): _____

Date of Increase ___/___/___

Percent _____%

Hourly \$ _____

Annual \$ _____

Lump Sum \$ _____

Comments: _____

PAID LEAVE **PAGE** _____

Holidays: _____

Personal Days: _____

Birthday: (Y) _____

Injury Leave: ___/___ _____

Union Leave (Y) _____

Paid Time Off Days: _____

OTHER

Fair Share: (Y) _____

Residency: (Y) _____

Drug Test: (Y) _____

Fitness Standard: (Y) _____

Sub-Contract: (Y) _____

Minimum Staff: (Y) _____

MAD: (Y) _____

BENCHMARKS PAGE: _____

Job Title _____

Date	___/___/___	___/___/___	___/___/___	___/___/___
Entry	\$ _____.	\$ _____.	\$ _____.	\$ _____.
Top	\$ _____.	\$ _____.	\$ _____.	\$ _____.

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

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