

Collective Bargaining Cost Data for the Fiscal Biennium

Completed Form CB-1 must be submitted along with other budget documents in accordance with the budget preparation schedule.

Form CB-1

A Form CB-1 should be prepared separately for each applicable cost item in accordance with the stipulated unit of measure. The information is requested for each fiscal year by means of financing and by bargaining units on a department-wide basis. Do not submit information by program ID.

Information for appointed and elected officials are again being requested. It is anticipated that information concerning appointed and elected officials will be primarily per diem requirements.

It should be noted that each CB-1 comes in three parts; a separate cost item accounting is requested for included bargaining units, excluded bargaining units, and excluded managerial units and appointed and elected officials.

It should be further noted that capital improvement project (CIP) funded amounts are being requested in addition to the general, special, federal and other funded amounts. With the exception of CIP funds, all items listed on these forms should match the corresponding pay differentials and other current expenses requested in the BJ-1A and BJ-2 tables for the department as a whole. CIP amounts should be the best estimates of future requirements based on past expenditures.

With regards to the overall budget preparation policies, the information submitted on the Form CB-1 should be limited to the current service (CS) budget.

The following lists all cost items to be covered initially through the use of Form CB-1. Explanatory notes have been included where necessary.

<u>Cost Item</u>	<u>Measure(s)</u>	<u>Notes</u>
1. Charge Nurse	Hours	
2. Fire Alarm Premium	Hours	BU 11 only.
3. Lecturer Fees Level A Level B Level C	Credit hours	University of Hawaii only. Separate forms for Level A, Level B, and Level C should be submitted.

<u>Cost Item</u>	<u>Measure(s)</u>	<u>Notes</u>
4. Lodging	Number of days	Off-island travel to mountainous or other remote areas where commercial lodging is not available. The employer provides "adequate stores of food" or pays \$20 presently, per day.
5. Meal Allowance		A separate form should be submitted for each type of meal. Firefighters should report only two types of meals: 1) the second normal meal during the scheduled work shift, and 2) any other meal.
a. Breakfast	Number of meals	
b. Lunch	Number of meals	
c. Dinner	Number of meals	
6. Mileage	Number of miles	
7. Night Shift Differential	Hours	
8. Overtime Payments	Cost	
9. Standby Pay	Number of hours – BU 1 Number of days – all other bargaining units	Current BU 1 contract provides for \$1.30 per hour of standby; all other units' contracts provide 25% of the daily rate per day standby.
10. Travel Allowance (per diem) – Inter-Island	Number of days	
a. Overnight		
b. One-day trips		
11. Travel Allowance (per diem) – Out-of-State	Number of days	
12. Safety Shoes Allowance Impact & Compr. Resistance Metatarsul Footwear Electrical Hazard Footwear Sole Puncture Water Resist Rubber Boots Rubber Boots with Safety Toe	Number of Pairs	

<u>Cost Item</u>	<u>Measure(s)</u>	<u>Notes</u>
13. Uniform Allowance		
a. Full	Number of positions	Examples: Shirt and pants sets; muumuu, coveralls, pants suits, jump suits.
b. Half	Number of positions	Examples: Aloha shirts, khaki shirt or blouse, safari shirt, lab coat, smock, trousers only.
c. Partial	Number of positions	Examples: T-shirt, polo shirts, T-shirt and shorts combinations, swimsuit, vest.
14. Uniform-replacement Cost		Cost refers to the department's share of the cost of replacing a uniform.
15. Weapons Allowance	Number of positions	
16. Working Condition Differential		
a. CISU	Hours	CISU should include an accounting of eligible employees assigned responsibility for penal code patients in non-CISU settings.
b. Corrections Differential	Hours	

It is expected that each department will budget only certain cost items. Consequently, a cost item checklist should accompany the department's CB-1 submittals as a record of all budgeted cost items.

Data for cost items not requested initially will be gathered at a later time if and when they become subjects for negotiation.

Questions pertaining to Form CB-1 should be referred to Mr. Ralph Schultz at 586-1841, Department of Budget and Finance.

DEPARTMENTAL COST ITEM CHECKLIST

DEPARTMENT: _____

Cost Item	Check () if cost item is being submitted
Charge Nurse	
Fire Alarm Premium	
Lecturer Fees – Level A	
Lecturer Fees – Level B	
Lecturer Fees – Level C	
Lodging	
Meal Allowance – Breakfast	
Meal Allowance – Lunch	
Meal Allowance – Dinner	
Mileage	
Night Shift Differential	
Overtime Payments	
Standby Pay	
Travel Allowance – Inter-Island Per Diem -Overnight and Longer -One-Day Trips	
Travel Allowance – Out-of-State Per Diem	
Uniform Allowance – Full - Half - Partial	
Uniforms, Replacement	
Working Condition Differential – CISU	
Working Condition Differential – Corrections	

Safety Shoe Allowance Impact & Compression Resistance Metatarsul Footwear Electrical Hazard Footwear Sole Puncture Water Resistance Rubber Boots Water Resistance Rubber Boots with Safety Toe	
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