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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
OFFICE OF THE PUBLIC DEFENDER  
PUBLIC UTILITIES COMMISSION

**STATE OF HAWAII**  
**DEPARTMENT OF BUDGET AND FINANCE**  
P.O. BOX 150  
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE  
BUDGET, PROGRAM PLANNING AND  
MANAGEMENT DIVISION  
FINANCIAL ADMINISTRATION DIVISION

May 10, 2010

FINANCE MEMORANDUM

MEMO NO. 10-08

TO: All Department Heads

FROM: Georgina K. Kawamura  
Director of Finance

SUBJECT: Request for Non-Salary Collective Bargaining Cost Data

The Department of Budget and Finance (B&F) staff prepares estimates for collective bargaining (CB) costs. This data is now being requested to provide sufficient time for departments to prepare, and B&F staff to process, the data and still allow for timely evaluation of CB proposals.

Attached for your review are instructions/listing of cost items (Attachment A) and set of blank CB-1 forms (Excel electronic format is available at <http://hawaii.gov/budget/bppmforms>). Please comply with the procedures listed in Attachment A and CB-1 forms and return them to B&F, Budget, Program Planning and Management Division, on or before August 9, 2010. Please e-mail an electronic copy of your forms to Mr. Ralph Schultz at [ralph.e.schultz@hawaii.gov](mailto:ralph.e.schultz@hawaii.gov).

In order for CB cost estimates to be as accurate as possible and in order for you to receive sufficient CB appropriations, it is vital that cost data be reported accurately. We appreciate your continued cooperation in updating your estimates in a timely manner. If there are any questions, please have your staff contact Mr. Schultz at 586-1841.

Attachments



Department:  
Contact Person & Phone No.:

Cost Item:  
Unit of Measure:

FY 10 Actual

	General Funds A	Special Funds B	G.O. Bond Funds C	Revenue Bond Funds E	Federal Funds N	Revolving Funds W	Trust Funds T	Interdepartmental Transfer Funds U	Other Funds X
Excluded Bargaining Units									
61 - Blue Collar Non-Supervisory									
82 - Blue Collar Supervisory									
63 - White Collar Non-Supervisory									
84 - White Collar Supervisory									
55 - Teachers									
56 - Educational Officers									
67, 87, 88 - University Faculty									
57, 68 - University Non-Faculty									
79, 99 Registered Professional Nurses									
70, 90 - Hospital & Institutional Workers									
71, 91 - Firefighters									
73, 93 - Professional & Scientific									

61 - Blue Collar Non-Supervisory

82 - Blue Collar Supervisory

63 - White Collar Non-Supervisory

84 - White Collar Supervisory

55 - Teachers

56 - Educational Officers

67, 87, 88 - University Faculty

57, 68 - University Non-Faculty

79, 99 Registered Professional Nurses

70, 90 - Hospital & Institutional Workers

71, 91 - Firefighters

73, 93 - Professional & Scientific



Instructions Collective Bargaining Cost Data for the FB 11-12 (Based on Actual FY 10)

Completed Form CB-1 must be submitted in paper and electronic format by the assigned due date.

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 FY 10 (actual amounts) by means of financing (additional means of financing data is being requested this year) and by bargaining units on a department-wide basis. Do not submit information by program ID.

Data 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. Since not all cost items are required for all departments, please complete the attached checklist.

The forms are available for download at: <http://hawaii.gov/budget/bppmforms/>

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.

<u>Cost Item</u>	<u>Measure(s)</u>	<u>Notes</u>
3. Lodging (Non-commercial)	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.
4. Meal Allowance		
a. Breakfast	Number of meals	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.
b. Lunch	Number of meals	
c. Dinner	Number of meals	
5. Mileage	Number of miles	
6. Night Shift Differential	Hours	
7. Overtime Payments	Cost	
8. Safety Shoes Allowance Impact & Compr. Resistance Metatarsal Footwear Electrical Hazard Footwear Sole Puncture Water Resist Rubber Boots Rubber Boots with Safety Toe	Number of Pairs	
9. Standby Pay	Number of hours – BU 1  Number of days – all other bargaining units	Current BU 1 contract provides for \$2.00 per hour of standby; all other units' contracts provide 25% of the daily rate per day standby.
10. Substitutes	Cost	
11. Travel Allowance (per diem) – Inter-Island	Number of days	
a. Overnight		
b. One-day trips		
12. Travel Allowance (per diem) – Out-of-State	Number of days	

<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. Corrections Differential	Hours	
b. Differential (other)	Hours	Other (specify)

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	
Lodging (Non-commercial)	
Meal Allowance – Breakfast	
Meal Allowance – Lunch	
Meal Allowance – Dinner	
Mileage	
Night Shift Differential	
Overtime Payments	
Standby Pay	
Substitutes	
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 – Corrections	
Working Conditions (other, specify)	



<p>Safety Shoe Allowance Impact &amp; Compression Resistance Metatarsal Footwear Electrical Hazard Footwear Sole Puncture Water Resistance Rubber Boots Water Resistance Rubber Boots with Safety Toe</p>	
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