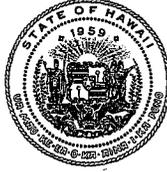


DAVID Y. IGE
GOVERNOR



WESLEY K. MACHIDA
DIRECTOR

RODERICK K. BECKER
DEPUTY DIRECTOR

**STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE**

P.O. BOX 150

HONOLULU, HAWAII 96810-0150

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

May 6, 2016

FINANCE MEMORANDUM

MEMO NO. 16-09

TO: All Department Heads

FROM: Wesley K. Machida
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://budget.hawaii.gov/budget/budget-forms/>). 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 8, 2016. Please e-mail an electronic copy of your forms to Mr. Ralph Schultz at ralph.e.schultz@hawaii.gov.

Note: 1) A contract for new Bargaining Unit (BU) 14 has been negotiated. If there are no actual FY 16 expenditures for BU 14 indicated in the data, please allocate BU 3 and BU 4 expenditures for the various cost items as appropriate. 2) Due to the impact of Act 152, SLH 2012, the treatment of most payments other than base salaries to employees are now treated differently for employees hired after June 30, 2012. Because these employees now make up a significant portion of the workforce, a new column has been added for the percentage of post FY 12 employees for each BU for each cost item. If an actual breakdown is not available, please estimate the percentage.

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

Instructions Collective Bargaining Cost Data for the FB 17-19 (Based on Actual FY 16)

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 16 (actual amounts) by means of financing 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.

As of July 1, 2012 new employee's differential payments are not subject to pension accumulation. Please provide the percentage of the total amount for each differential paid to employees who became ERS members after June 30, 2012.

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://budget.hawaii.gov/budget/budget-forms/>

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. Night 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 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	
5. Mileage	Number of miles	
6. Night Shift Differential	Hours	
7. Overtime Payments	Dollar Amount	
8. Rank-for-Rank	Dollar Amount	BU 11 Only.
9. 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	
10. Standby Pay	Number of days	
	Cost	
11. Substitutes	Number of days	
12. Travel Allowance (per diem) – Inter-Island	Number of days	
a. Overnight		
b. One-day trips		
13. Travel Allowance (per diem) –Out-of-State		

<u>Cost Item</u>	<u>Measure(s)</u>	<u>Notes</u>
14. 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.
15. Uniform-replacement Cost		Cost refers to the department's share of the cost of replacing a uniform.
16. Weapons Allowance	Number of positions	
17. Weekend Differential (Estimated Unit 9 only)	Number of Hours	FB14-15 Union proposal - not paid in FY 16.
18. Working Condition Differential		
19. Aerial Observer	Hours	BU 14 only.
20. Canine Decoys	Hours	BU 14 only.
21. Hostage Negotiator	Hours	BU 14 only.
22. Explosive Canine Handler	Hours	BU 14 only.
23. Canine Handlers	Number of Filled Positions	BU 14 only.

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	
Night Alarm Premium	
Lodging (Non-commercial)	
Meal Allowance – Breakfast	
Meal Allowance – Lunch	
Meal Allowance – Dinner	
Mileage	
Night Shift Differential	
Overtime Payments	
Standby Pay	
Rank-for-Rank	
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	
Weekend Differential	
Working Conditions (other, specify)	

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

Aerial Observer Differential

Canine Decoys Differentials

Hostage Negotiator

Explosive Canine Handler Differential

Canine Handlers Differential

