



Memorandum

To: Mayor Schreiber and City Council Members

From: Ralph A. Lange, City Manager

Date: August 30, 2012

Subject: Council Information Letter

GENERAL INFORMATION –

Human Resources Department - A Lt.'s and Captain's Fire Exam was conducted on August 15, 2012. Two employees signed up and took the Captain's exam. Eight people signed up for the Lt.'s exam, however, only six employees took the exam - one withdrew and the other did not show up. There is currently a dispute over the Lt.'s exam, which has to go before the Civil Service Commission. This meeting is in the process of being scheduled by the Clerk's Office.

Employees, Council and our City Attorney staff will be offered free flu shots on Thursday, September 27, 2012 from 3:00 p.m. until 6:00 p.m. at the Senior Center, located at 1015 North Congress. If you are interested in receiving the flu shot, please contact the Human Resources Department at 734-483-1242 or at jasmith@cityofypsilanti.com. At least 25 people must sign up in order to get this onsite benefit.

Patricia Lange from Compasspoint Training and Consulting will be presenting "Bullying in the Workplace." The training will be held in the Council Chambers at City Hall. Training for Managers will be Tuesday, September 18, 2012, with a choice of 8:30 am - 11:30 am or in the afternoon from 1:00 pm - 4:00 pm. Training for Non-Managers will be on Thursday, September 20, 2012, with the choice of a morning session from 9:30 am – 11:30 am or an afternoon session from 1:00 pm – 3:00 pm.

**The Human Resources Department completed and returned the 2011 Michigan Municipal League Survey to MML. Please see the attached.

Finance Department – Ms. Uy, Finance Director, stated that the city audit for 2011-2012 is scheduled for September 24th thru October 5, 2012. Also, we received our Certificate of Achievement for Excellence in Financial Reporting for the City of Ypsilanti's Comprehensive Annual Financial Report for the fiscal year ended June 30, 2011. This is the fourth consecutive year we have received this award.

Police Department – Chief Walker reported the following statistics from 1/1/2012 – 7/28/2012 as well as the three previous years for comparison:

	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
Robberies	29	30	30	27
Larceny from Auto	154	154	119	118
Home Invasions	246	165	184	227
A&B/Agg. Assault	291	380	373	372

Fire Services – Chief Ichesco reported that they began inventorying vacant properties on 8-23-12 to be cataloged for our Vacant, Abandoned, and Dangerous Buildings Ordinance, and will continue until 10-10-12. The last completed inventory of vacant structures was in 2010. Inspections will be conducted by an injured fire fighter currently on light duty.

Department of Public Services –

- W. Cross Street - Installation of the new water main is complete. The first water quality test passed the results and the second test and is due back Thursday, August 30th. If the second test is successful, the installation of the water services will begin Friday, August 31, 2012. The storm water conveyance system upgrades are approximately 25% complete. This project is currently on schedule.
- Hamilton @ Michigan Ave. – The RFP for the installation of ADA ramps at Michigan Avenue and Hamilton Street was posted on Thursday, August 23rd and the bids will be opened on September 10th, 2012. This project is a collaborative effort with MDOT. There was an onsite project overview meeting 1:00 pm on Wednesday, August 28th. This project is slated to be completed before the end of September.

Following is an update from Ms. Gillotti on various projects that she has been working on:

Freighthouse Update - The Friends of the Ypsilanti Freighthouse leadership team has recently changed membership with Kim Ion (Kim's resale) and John MacMillan taking the lead. They have brought on Don MacMullan, Architect, to draw up plans for the Café build out, and expect to have construction drawings prepared to 80% in order to submit them to SHPO for review in the next few weeks. As many of you probably noticed during Heritage Fest, the interior of the Café has been given a fresh coat of paint.

Parkridge Center Expansion Update - City Staff met with the Parkridge Advisory Board and Rod Jones of WorkSkills following the joint meeting of City Council and the Recreation Commission on Aug. 16, 2012. The group is focusing on drafting a Memorandum of Understanding (MOU) between the Parkridge Cultural and Job Training Center (non-profit) and the City of Ypsilanti for the operation of the existing Parkridge Community Center. City staff expressed interest in defining the roles of the non-profit, WorkSkills, WCC and the City in the MOU, as well as basic service levels to be maintained as part of the agreement. A draft agreement is expected by early October, and ideally it will come before council in late fall.

Friends of the Rutherford Pool Update - The Friends of the Rutherford Pool are working to finalize a contract for design services for the pool reconstruction. The MOU between FORP and the City is in the final stages of negotiation and will likely be presented for Council approval at the September 18, 2012 meeting.

Additionally, the City has received the contracts for both 2011 NRTF grants (Rutherford Pool and Heritage Bridge) and will be bringing them to City Council for approval in September.

Streetlight Retrofit- DPS and Planning staff met with DTE community service representatives on a strategy to pursue streetlight retrofits for this fiscal year. The target for the first retrofits will be 400 watt mercury vapor lights located primarily along E. Michigan Ave. and Ecorse Rd. DTE will be putting together two alternatives for consideration, change to LED 202 watt or 250 watt High Pressure Sodium. Staff intends to provide information to City Council in late fall, as there will be additional rebates available starting in January 2013. City Council has budgeting funding for this in both the 2012/2013 and 2013/2014 fiscal years. A tentative goal is to convert approximately 100 lights in the spring/summer of 2013

Master Plan and Zoning Rewrite RFP - Staff has received five (5) bids for the master plan and zoning ordinance revision. The Master Plan Committee will be meeting to evaluate the proposals, and potentially interview firms. Recommendations to City Council for a contract will be made in either September, or the first City Council meeting in October.

Water Street Recreation Center Design Concept Meeting - Washtenaw County Parks and Recreation along with the U of M Architecture school design team will be presenting two sites and building concept plans for the Recreation Center for public feedback. Two presentations have been scheduled, both on Thursday, September 27, 2012 at SPARK East, 215 W. Michigan. The first presentation will be at 4 p.m. and the second at 7 p.m. All are invited to attend.

Climate Action Plan Implementation Kick Off - In July, City Council adopted a Climate Action Plan, which includes recommendations for making the city a leaner, greener place to live. The plan is the product of a multi-year grant-funded process of research and community engagement, and will become a model for other small cities interested in reducing their carbon footprint.

On Wednesday September 12, the Michigan Suburbs Alliance will be facilitating a kick-off to implementation. City Council is encouraged to attend and spread the word.

Ypsilanti Climate Action Plan Implementation Kick-off

Wednesday, Sept. 12

5:30 - 7:00 p.m.

Bona Sera Cafe

200 W. Michigan Ave.

light refreshments provided

City Tree Nursery - The City has contracted with ReLeaf Michigan to coordinate the replanting, volunteer development and final planting of the tree nursery at the former Gilbert Park section of the Water Street Redevelopment Area. The group will be organizing several workdays to finish plantings, and to train nursery stewards for the ongoing maintenance and care of the site. Funds for this effort are through the Great Lakes Restoration Initiative grant.

**City Manager Report – See attached



2011 Wage and Salary Survey Michigan Municipal League

Please review the the positions below.

If a change needs to be made on a position, please click the "edit" link for the corresponding position in the "Action" column below. If a position should be removed, please click the "delete" link. Please note that all delete's are final. When finished, please review the options at the bottom of the screen to continue the survey.

Important: If your community has not previously responded to this survey within the last 2 years, the position listing below may be empty. Please click the "I would like to add another position >" link under survey options to add the positions needed.

Municipality:

Ypsilanti

Position	Type	Union (if any)	#	Min	Max	Actual	Basis	Extra
Mayor or Village President	P	Non-Union	1		0.00	8516.00	Year	
Council or Commission Member	P	Non-Union	6		0.00	4893.00	Year	
City Manager or City Administrator	F	Non-Union	1		0.00	93500.00	Year	
Assistant City Manager or Administrator	F	Non-Union	1	75000.00	95000.00		Year	
Human Resources Generalist	F	Non-Union	1	40000.00	55000.00	51138.00	Year	
Finance Director or Controller	F	Non-Union	1	65000.00	85000.00	78447.00	Year	
Treasurer	F	Non-Union	1	50000.00	65000.00	61436.00	Year	
Senior Accountant or Financial Manager	F	Non-Union	1	50000.00	65000.00	52449.00	Year	
Finance or Account Clerk I	P	AFSCME	0	36944.00	50446.00	0.00		
Payroll Clerk	F	AFSCME	1	37546.00	51315.00	43646.00	Year	
Clerk	F	Non-Union	1	55000.00	75000.00	64255.00	Year	
Deputy Clerk	F	Non-Union	1	40000.00	55000.00	44998.00	Year	
Office Manager	F	Non-Union	1	40000.00	55000.00	44732.00	Year	
Executive Assistant or Executive Secretary	F	Non-Union	2	40000.00	55000.00	52678.00	Year	
Secretary	F	AFSCME	2	37546.00	51315.00	37546.00	Year	
Police Chief	F	Non-Union	1	75000.00	95000.00	89675.00	Year	
Police Lieutenant	F	COAM	2		0.00	81126.00	Year	
Police Sergeant	F	COAM	5		0.00	71163.00	Year	
Police Officer (FULL TIME)	F	POAM	24	41736.00	62423.00		Year	
Fire Chief	F	Non-Union	1	75000.00	95000.00	80211.00	Year	
Fire Captain	F	IAFF	3	63348.00	63348.00	63348.00	Year	
Fire Lieutenant	F	IAFF	3	60653.00	60653.00	60653.00	Year	

Fire Fighter (FULL TIME)	F	IAFF	13	34561.00	54166.00		Year
Planner II	F	Non-Union	1	50000.00	65000.00	49876.00	Year
Building Inspector	F	Non-Union	0	55000.00	75000.00		Year
City Assessor (Level III)	F	Non-Union	1	50000.00	65000.00		Year
Director of Public Services	F	Non-Union	1	65000.00	85000.00	69455.00	Year
Public Works/Streets Superintendent	F	Non-Union	1	50000.00	65000.00	55704.00	Year
Streets Foreman	F	Non-Union	2	40000.00	55000.00	47775.00	Year
Heavy Equipment Operator	F	AFSCME	4	35784.00	50537.00		Year
Public Works Maintenance Worker (entry level, FULL TIME)	F	AFSCME	9	35231.00	49437.00		Year
Licensed Mechanic	F	AFSCME	2	41726.00	55917.00		Year
Meter Reader	F	AFSCME	2	32441.00	43845.00		Year
Parks Maintenance Worker (FULL TIME)	F	AFSCME	1	35784.00	50537.00		Year

Survey Options:[I would like to add another position >](#)[I would like to print this page for my records >](#)[I'm done for today - Save and Return to MML.org Home >](#)[Continue to Benefits Information >](#)

If you have any questions regarding this survey, please contact
Heather Van Poucker at hvanpoucker@mml.org, or 800.653.2483.



2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union

IAFF

Contract Expiration *Required

6/30/12

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; If your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; If you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	11	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	3	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)		days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; If your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	9	days
@ 5 years	9	days
@ 10 years	12	days

@ 15 years	13	days
@ 20 years	14	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of insurance (report FAMILY plan)

Required employee contribution to healthcare	20% of Insurance Prem	%
Payment in lieu of insurance	2,000-Single; 4,000-2pe	year

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 if applicable	40	Select
Mail In prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life insurance coverage amount	35,000	\$
Employer-paid disability insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

Act 345 Local Plan

Vesting	10	# years
Multiplier	3	%
Required employee contribution	10	%

Defined Contribution

Defined Contribution (401, 457 etc.):

Select

Maximum Employer match/contribution

Select

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

Select

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Select

Prorated Vacation Time?

Select

Health Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Other Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Pension / Retirement

Select

Employee pays all

Select

Employee contributes prorated amount

Select

[Back to Review >](#)

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2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union
POAM
Contract Expiration *Required

06/30/12

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	11	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	4	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)	_____	days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	10	days
@ 5 years	14	days
@ 10 years	15	days

@ 15 years days

@ 20 years days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of insurance (report FAMILY plan)

Required employee contribution to healthcare 20% of Insurance Prem %

Payment in lieu of insurance 2000-single; 4000-2per: year

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic 10 \$

Name Brand 20 \$

Tier 3 if applicable 40 \$

Mail in prescription program available Yes

Employer-paid dental coverage Yes

Employer-paid optical coverage Yes

Employer-paid life insurance coverage amount 30,000 \$

Employer-paid disability insurance Select

PENSION/RETIREMENT

Defined Benefit

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires) No

Please indicate type of plan Act 345 Local Plan

Vesting 10 # years

Multiplier 3 %

Required employee contribution 10 %

Defined Contribution

Defined Contribution (401, 457 etc.): Select

Maximum Employer match/contribution \$

100% vested after # years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

none

Select

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

Select

OTHER**Longevity Pay**

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

No

Prorated Vacation Time?

No

Health Insurance

No

Employee pays all

No

Employee contributes prorated amount

No

Other Insurance

No

Employee pays all

No

Employee contributes prorated amount

No

Pension / Retirement

No

Employee pays all

No

Employee contributes prorated amount

No

[Back to Review >](#)

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2011 Wage and Salary Survey Michigan Municipal League

Municipality:
Ypsilanti

Union/Non-Union

COAM

Contract Expiration *Required

06/30/14

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year		days
@ 5 years		days
@ 10 years		days
@ 15 years		days
@ 20 years		days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	11	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	6	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)		days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	9	days
@ 5 years	13	days
@ 10 years	14	days

@ 15 years	15	days
@ 20 years	16	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of Insurance (report FAMILY plan)

Required employee contribution to healthcare	20% of Insurance Prem	%
Payment in lieu of insurance	2,000-Single; 4,000-2 p	year

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 If applicable	40	Select
Mail in prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life Insurance coverage amount	1 x base salary	Multiple of salary
Employer-paid disability insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

Act 345 Local Plan

Vesting	10	# years
Multiplier	3	%
Required employee contribution	10	%

Defined Contribution

Defined Contribution (401, 457 etc.):

Select

Maximum Employer match/contribution

\$

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100 %

Maximum paid by employee

0 %

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

Select

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Select

Prorated Vacation Time?

Select

Health Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Other Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Pension / Retirement

Select

Employee pays all

Select

Employee contributes prorated amount

Select

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2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union

AFSCME

Contract Expiration *Required

06/30/13

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

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@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

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# Annual Paid Holidays	12	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	5	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)		days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	12	days
@ 5 years	15	days
@ 10 years	18	days

@ 15 years	20	days
@ 20 years	25	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
 ANNUAL payment in lieu of insurance (report FAMILY plan)

Required employee contribution to healthcare	2% of Base Pay	%
Payment in lieu of Insurance	2,000-Single; 4,000-2 P	\$

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 if applicable		Select
Mail in prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life Insurance coverage amount	40,000	\$
Employer-paid disability Insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
 (only available to employees hired prior to a certain date;
 not available to new hires)

No

Please indicate type of plan

MERS

Vesting

10 # years

Multiplier

2.5 %

Required employee contribution

5 %

Defined Contribution

Defined Contribution (401, 457 etc.):

Select

Maximum Employer match/contribution

None

Select

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

\$

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Yes

Prorated Vacation Time?

Yes

Health Insurance

Yes

Employee pays all

No

Employee contributes prorated amount

Yes

Other Insurance

Yes

Employee pays all

Yes

Employee contributes prorated amount

No

Pension / Retirement

Yes

Employee pays all

Yes

Employee contributes prorated amount

No

[Back to Review >](#)

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If you have any questions regarding this survey, please contact Heather Van Poucker at hvanpoucker@mml.org, or 800.653.2483.



2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union

Non-Union

Contract Expiration *Required

00/00/00

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	12	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTION	
# Annual Paid Personal Days	5	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)	_____	days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	10	days
@ 5 years	15	days
@ 10 years	18	days

@ 15 years	21	days
@ 20 years	25	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; If contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of Insurance (report FAMILY plan)

Required employee contribution to healthcare	20% of Premium	%
Payment in lieu of Insurance	2,000-Single; 4,000-2P	\$

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 if applicable	40	\$
Mail in prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life Insurance coverage amount	1 x salary	Multiple of salary
Employer-paid disability insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier);

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

MERS

Vesting	10	# years
Multiplier	2.5	%
Required employee contribution	5	%

Defined Contribution

Defined Contribution (401, 457 etc.):

other

Maximum Employer match/contribution

None

Select

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

None

Select

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

%

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Yes

Prorated Vacation Time?

Yes

Health Insurance

Yes

Employee pays all

No

Employee contributes prorated amount

Yes

Other Insurance

Yes

Employee pays all

No

Employee contributes prorated amount

No

Pension / Retirement

Yes

Employee pays all

Yes

Employee contributes prorated amount

No

[Back to Review >](#)

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Heather Van Poucker at hvanpoucker@mml.org, or 800.653.2483.

City Manager Report dated August 30, 2012

Following is an update from the City Manager of his activities for the last month:

1. Spent a lot of time meeting and getting to know staff /city council members and key individuals that can have a positive impact on the City's future.
2. Continue to make progress on preparation for Police and Fire Labor Negotiations.
3. Work to assist citizen in gaining access from her property to Kramer Street.
4. Working with City staff to support Friends of the Rutherford Pool project.
5. Working to support Teresa Gillotti's economic development efforts.
6. Working to provide a wider vision for the City's community and economic development efforts – Angstrom USA property to Water Street properties.
7. Working to promote development of a railroad stop for Ypsilanti on the Wolverine Line.
8. Working to re-format the City budget to make it a better management and future forecasting tool.
9. Enlisted support of John Kaczor to assist with the above referenced effort (8).
10. Joyce Parker will not be able to assist with the development of the City future sustainability plan until the first of October at best.
11. Work with City staff, Ypsilanti Township Officials and Washtenaw Road Commission officials to arrange for the moving of the Grove Road project from 2014 SEMCOG Transportation Project to 2013. Is the Mayor and City Council supportive of this effort? Would each City Council member let me know no later than 9-4-12 so I know how to proceed? Thank you!
12. Process daily work that comes across City Manager's desk.



2011 Wage and Salary Survey Michigan Municipal League

Please review the the positions below.

If a change needs to be made on a position, please click the "edit" link for the corresponding position in the "Action" column below. If a position should be removed, please click the "delete" link. Please note that all delete's are final. When finished, please review the options at the bottom of the screen to continue the survey.

Important: If your community has not previously responded to this survey within the last 2 years, the position listing below may be empty. Please click the "I would like to add another position >" link under survey options to add the positions needed.

Municipality:

Ypsilanti

Position	Type	Union (if any)	#	Min	Max	Actual	Basis	Extra
Mayor or Village President	P	Non-Union	1		0.00	8516.00	Year	
Council or Commission Member	P	Non-Union	6		0.00	4893.00	Year	
City Manager or City Administrator	F	Non-Union	1		0.00	93500.00	Year	
Assistant City Manager or Administrator	F	Non-Union	1	75000.00	95000.00		Year	
Human Resources Generalist	F	Non-Union	1	40000.00	55000.00	51138.00	Year	
Finance Director or Controller	F	Non-Union	1	65000.00	85000.00	78447.00	Year	
Treasurer	F	Non-Union	1	50000.00	65000.00	61436.00	Year	
Senior Accountant or Financial Manager	F	Non-Union	1	50000.00	65000.00	52449.00	Year	
Finance or Account Clerk I	P	AFSCME	0	36944.00	50446.00	0.00		
Payroll Clerk	F	AFSCME	1	37546.00	51315.00	43646.00	Year	
Clerk	F	Non-Union	1	55000.00	75000.00	64255.00	Year	
Deputy Clerk	F	Non-Union	1	40000.00	55000.00	44998.00	Year	
Office Manager	F	Non-Union	1	40000.00	55000.00	44732.00	Year	
Executive Assistant or Executive Secretary	F	Non-Union	2	40000.00	55000.00	52678.00	Year	
Secretary	F	AFSCME	2	37546.00	51315.00	37546.00	Year	
Police Chief	F	Non-Union	1	75000.00	95000.00	89675.00	Year	
Police Lieutenant	F	COAM	2		0.00	81126.00	Year	
Police Sergeant	F	COAM	5		0.00	71163.00	Year	
Police Officer (FULL TIME)	F	POAM	24	41736.00	62423.00		Year	
Fire Chief	F	Non-Union	1	75000.00	95000.00	80211.00	Year	
Fire Captain	F	IAFF	3	63348.00	63348.00	63348.00	Year	
Fire Lieutenant	F	IAFF	3	60653.00	60653.00	60653.00	Year	

Fire Fighter (FULL TIME)	F	IAFF	13	34561.00	54166.00		Year
Planner II	F	Non-Union	1	50000.00	65000.00	49876.00	Year
Building Inspector	F	Non-Union	0	55000.00	75000.00		Year
City Assessor (Level III)	F	Non-Union	1	50000.00	65000.00		Year
Director of Public Services	F	Non-Union	1	65000.00	85000.00	69455.00	Year
Public Works/Streets Superintendent	F	Non-Union	1	50000.00	65000.00	55704.00	Year
Streets Foreman	F	Non-Union	2	40000.00	55000.00	47775.00	Year
Heavy Equipment Operator	F	AFSCME	4	35784.00	50537.00		Year
Public Works Maintenance Worker (entry level, FULL TIME)	F	AFSCME	9	35231.00	49437.00		Year
Licensed Mechanic	F	AFSCME	2	41726.00	55917.00		Year
Meter Reader	F	AFSCME	2	32441.00	43845.00		Year
Parks Maintenance Worker (FULL TIME)	F	AFSCME	1	35784.00	50537.00		Year

Survey Options:[I would like to add another position >](#)[I would like to print this page for my records >](#)[I'm done for today - Save and Return to MML.org Home >](#)[Continue to Benefits Information >](#)

If you have any questions regarding this survey, please contact
Heather Van Poucker at hvanpoucker@mml.org, or 800.653.2483.



2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union

IAFF

Contract Expiration *Required

6/30/12

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; If your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; If you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	11	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	3	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)		days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; If your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	9	days
@ 5 years	9	days
@ 10 years	12	days

@ 15 years	13	days
@ 20 years	14	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of insurance (report FAMILY plan)

Required employee contribution to healthcare	20% of Insurance Prem	%
Payment in lieu of insurance	2,000-Single; 4,000-2pe	year

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 if applicable	40	Select
Mail In prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life insurance coverage amount	35,000	\$
Employer-paid disability insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

Act 345 Local Plan

Vesting	10	# years
Multiplier	3	%
Required employee contribution	10	%

Defined Contribution

Defined Contribution (401, 457 etc.):

Select

Maximum Employer match/contribution

Select

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

Select

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Select

Prorated Vacation Time?

Select

Health Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Other Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Pension / Retirement

Select

Employee pays all

Select

Employee contributes prorated amount

Select

[Back to Review >](#)

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If you have any questions regarding this survey, please contact
Heather Van Poucker at hvanpoucker@mml.org, or 800.653.2483.



2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union
POAM
Contract Expiration *Required

06/30/12

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	11	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	4	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)	_____	days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	10	days
@ 5 years	14	days
@ 10 years	15	days

@ 15 years days

@ 20 years days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of insurance (report FAMILY plan)

Required employee contribution to healthcare 20% of Insurance Prem %

Payment in lieu of insurance 2000-single; 4000-2per: year

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic 10 \$

Name Brand 20 \$

Tier 3 if applicable 40 \$

Mail in prescription program available Yes

Employer-paid dental coverage Yes

Employer-paid optical coverage Yes

Employer-paid life insurance coverage amount 30,000 \$

Employer-paid disability insurance Select

PENSION/RETIREMENT

Defined Benefit

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

Act 345 Local Plan

Vesting 10 # years

Multiplier 3 %

Required employee contribution 10 %

Defined Contribution

Defined Contribution (401, 457 etc.): Select

Maximum Employer match/contribution \$

100% vested after # years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

none

Select

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

Select

OTHER**Longevity Pay**

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

No

Prorated Vacation Time?

No

Health Insurance

No

Employee pays all

No

Employee contributes prorated amount

No

Other Insurance

No

Employee pays all

No

Employee contributes prorated amount

No

Pension / Retirement

No

Employee pays all

No

Employee contributes prorated amount

No

[Back to Review >](#)

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2011 Wage and Salary Survey Michigan Municipal League

Municipality:
Ypsilanti

Union/Non-Union

COAM

Contract Expiration *Required

06/30/14

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	11	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	6	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)		days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	9	days
@ 5 years	13	days
@ 10 years	14	days

@ 15 years	15	days
@ 20 years	16	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of Insurance (report FAMILY plan)

Required employee contribution to healthcare	20% of Insurance Prem	%
Payment in lieu of insurance	2,000-Single; 4,000-2 p	year

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 If applicable	40	Select
Mail in prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life Insurance coverage amount	1 x base salary	Multiple of salary
Employer-paid disability insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

Act 345 Local Plan

Vesting	10	# years
Multiplier	3	%
Required employee contribution	10	%

Defined Contribution

Defined Contribution (401, 457 etc.):

Select

Maximum Employer match/contribution

\$

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

Select

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Select

Prorated Vacation Time?

Select

Health Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Other Insurance

Select

Employee pays all

Select

Employee contributes prorated amount

Select

Pension / Retirement

Select

Employee pays all

Select

Employee contributes prorated amount

Select

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2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union

AFSCME

Contract Expiration *Required

06/30/13

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	12	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	5	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)		days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: 10 days; 10 years: 10 days; 15 years: 15 days

@ 1 year	12	days
@ 5 years	15	days
@ 10 years	18	days

@ 15 years	20	days
@ 20 years	25	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; if contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
 ANNUAL payment in lieu of insurance (report FAMILY plan)

Required employee contribution to healthcare	2% of Base Pay	%
Payment in lieu of Insurance	2,000-Single; 4,000-2 P	\$

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 if applicable		Select
Mail in prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life Insurance coverage amount	40,000	\$
Employer-paid disability Insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier):

Is this a "grandfathered" benefit?
 (only available to employees hired prior to a certain date;
 not available to new hires)

No

Please indicate type of plan

MERS

Vesting

10 # years

Multiplier

2.5 %

Required employee contribution

5 %

Defined Contribution

Defined Contribution (401, 457 etc.):

Select

Maximum Employer match/contribution

None

Select

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

\$

OTHER

Longevity Pay

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

Select

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Yes

Prorated Vacation Time?

Yes

Health Insurance

Yes

Employee pays all

No

Employee contributes prorated amount

Yes

Other Insurance

Yes

Employee pays all

Yes

Employee contributes prorated amount

No

Pension / Retirement

Yes

Employee pays all

Yes

Employee contributes prorated amount

No

[Back to Review >](#)

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If you have any questions regarding this survey, please contact Heather Van Poucker at hvanpoucker@mml.org, or 800.653.2483.



2011 Wage and Salary Survey Michigan Municipal League

Municipality:

Ypsilanti

Union/Non-Union

Non-Union

Contract Expiration *Required

00/00/00

ex. 00/00/00 or n/a if none

PAID TIME OFF (COMBINED PTO BANKS)

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	_____	days
@ 5 years	_____	days
@ 10 years	_____	days
@ 15 years	_____	days
@ 20 years	_____	days

PAID TIME OFF (SEPARATE VACATION, SICK, PERSONAL TIME, ETC.)

Report all paid time off in DAYS; if you accrue time off using hours, please convert it to days using an 8 hour day, or 2080 hours per year; if you accrue monthly, please calculate and report ANNUAL totals.

# Annual Paid Holidays	12	days
	(Include floating holidays in total # annual holidays)	
	IF PAID TIME OFF BANK IS USED, REPORT IN VACATION SECTIC	
# Annual Paid Personal Days	5	days
# Annual Sick Days	12	days
Maximum Sick Accrual (days)	_____	days

Vacation Days Earned:

Report the number of vacation days earned at each of the following years-of-service levels; if your schedule is different, please provide the information that applies to the schedule provided. For example, if in your community: a employee earns 5 days at 1 year, 10 days after 7 years, and 15 days after 12 years, report 1 year: 5 days; 5 years: days; 10 years: 10 days; 15 years: 15 days

@ 1 year	10	days
@ 5 years	15	days
@ 10 years	18	days

@ 15 years	21	days
@ 20 years	25	days

INSURANCES

ANNUAL required employee contribution to healthcare (report FAMILY plan; If contributions vary based on plan selected, provide information on the plan with the lowest required contribution)
ANNUAL payment in lieu of Insurance (report FAMILY plan)

Required employee contribution to healthcare	20% of Premium	%
Payment in lieu of Insurance	2,000-Single; 4,000-2P	\$

Prescription co-pay:

If prescription coverage varies based on the plan selected, provide information for the plan with the lowest co-pays

Generic	10	\$
Name Brand	20	\$
Tier 3 if applicable	40	\$
Mail in prescription program available	Yes	
Employer-paid dental coverage	Yes	
Employer-paid optical coverage	Yes	
Employer-paid life Insurance coverage amount	1 x salary	Multiple of salary
Employer-paid disability insurance	Select	

PENSION/RETIREMENT**Defined Benefit**

(traditional pension plan, uses a formula to calculate pension benefit, i.e. final average earnings x years of service x multiplier);

Is this a "grandfathered" benefit?
(only available to employees hired prior to a certain date;
not available to new hires)

No

Please indicate type of plan

MERS

Vesting	10	# years
Multiplier	2.5	%
Required employee contribution	5	%

Defined Contribution

Defined Contribution (401, 457 etc.):

other

Maximum Employer match/contribution

None

Select

100% vested after

years

Traditional Retiree Health Plan

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

Employer paid retiree health insurance?
(Assumes full retirement is required as a
condition of receiving the benefit)

Yes

Maximum paid by employer

100

%

Maximum paid by employee

0

%

Retiree Health Savings Account Provided

No

If yes, required employee contribution

Select

Maximum employer match / contribution

None

Select

OTHER**Longevity Pay**

Is this a "grandfathered" benefit?
(only available to employees hired prior to a
certain date;
not available to new hires)

Select

@ 1 year

%

@ 5 year

Select

@ 10 year

Select

@ 15 year

Select

@ 20 year

Select

Maximum longevity pay

Select

PART TIME BENEFITS

Prorated Holidays?

Yes

Prorated Vacation Time?

Yes

Health Insurance

Yes

Employee pays all

No

Employee contributes prorated amount

Yes

Other Insurance

Yes

Employee pays all

No

Employee contributes prorated amount

No

Pension / Retirement

Yes

Employee pays all

Yes

Employee contributes prorated amount

No

[Back to Review >](#)

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City Manager Report dated August 30, 2012

Following is an update from the City Manager of his activities for the last month:

1. Spent a lot of time meeting and getting to know staff /city council members and key individuals that can have a positive impact on the City's future.
2. Continue to make progress on preparation for Police and Fire Labor Negotiations.
3. Work to assist citizen in gaining access from her property to Kramer Street.
4. Working with City staff to support Friends of the Rutherford Pool project.
5. Working to support Teresa Gillotti's economic development efforts.
6. Working to provide a wider vision for the City's community and economic development efforts – Angstrom USA property to Water Street properties.
7. Working to promote development of a railroad stop for Ypsilanti on the Wolverine Line.
8. Working to re-format the City budget to make it a better management and future forecasting tool.
9. Enlisted support of John Kaczor to assist with the above referenced effort (8).
10. Joyce Parker will not be able to assist with the development of the City future sustainability plan until the first of October at best.
11. Work with City staff, Ypsilanti Township Officials and Washtenaw Road Commission officials to arrange for the moving of the Grove Road project from 2014 SEMCOG Transportation Project to 2013. Is the Mayor and City Council supportive of this effort? Would each City Council member let me know no later than 9-4-12 so I know how to proceed? Thank you!
12. Process daily work that comes across City Manager's desk.