



INTERNATIONAL CONFERENCE OF SYMPHONY AND OPERA MUSICIANS

SETTLEMENT BULLETIN

Orchestra to be Named here Ratifies Agreement

(Reminder: send 2 hard copies & 1 electronic copy of your new contract, once completed, to ICSOM legal counsel. Send 1 electronic copy to AFM SSD)

ORCHESTRA: _____

ICSOM DELEGATE: _____

DATE OF RATIFICATION: _____

LENGTH OF NEW AGREEMENT: _____

AGREEMENT STARTING & ENDING DATES: from _____ to _____.

LENGTH OF SEASON - # of weeks: _____ BECOMES how many weeks and the dates they become effective: *(for example: 2001-02 40 weeks; 2002-03 40 weeks; 2003-04 41 weeks)*

[was- ____ weeks] **BECOMES:**

WAGES: [was] 201_-1_ 201_-1_ 201_-1_ 201_-1_

Annual Salary – []

***Weekly Salary** – []

**(if wages are split during a season, please specify start date of new scale (ex: \$760/\$800 – Aug. 1/Feb.28)*

EMG: (Please specify whether it is a weekly figure for a specified number of weeks [i.e. 42 weeks, 52 weeks] or designate how EMG is paid.)

[was:] BECOMES how much and dates effective:

[IS EMG NEW TO YOUR CONTRACT? Yes No]

PENSION: (*Designate AFM-EP or private*) [was:] BECOMES:

NUMBER OF CONTRACTED MUSICIANS: (*Please specify numbers required in the CBA as well as any reductions or temporary freeze of positions*)

Required in the CBA [was:] BECOMES:

If there is no requirement in the CBA, please list numbers by year, including any reductions or additions or temporary freeze of positions.

[was:] BECOMES:

VACATION: (*specify weeks or days*) [was:] BECOMES:

[IS VACATION NEW TO YOUR CONTRACT? Yes No]

SENIORITY: (*specify increments*) [was:] BECOMES:

INSURANCE: (*Has it changed or have new insurance been added to your contract [i.e. dental, disability]? Please specify differences from previous policies, including co-payment changes.*)

HMO PPO Other_____

Health – [was:] BECOMES:

Dental – [was:] BECOMES:

Disability – [was:] BECOMES:

Instrument – [was:] BECOMES:

SICK LEAVE: (*specify days per season and changes*) [was:] BECOMES:

****STATEMENT FOR FIRST PARAGRAPH ABOUT AGREEMENT** (i.e. if your committee had any particular thoughts about whether this was a decent settlement or if there were reasons why the orchestra ratified this particular agreement.)

Thanks to the negotiating committee:

Chair _____

Committee Members _____

Thanks also to Local # _____

Officers (name & title) to thank _____

and Attorney/Negotiator (please specify) _____

Please have your negotiating committee and/or attorney approve this bulletin before sending/faxing to the ICSOM Secretary, Laura Ross at either 615/227-2379 (call first) or lar2vln@comcast.net