# STATE OF OREGON, EMPLOYMENT RELATIONS BOARD

# COST SUMMARY FORM

**For ERB Use Only**

Case No._____

Date Filed_____

**Projected Increase/Decrease in Each Year**
(add or shade unused columns as needed)

| **Proposal Description** including Article or Section Numbers | **Current Cost** | **Year 1** | **Year 2** | **Year 3** | **Total Projected Increase / Decrease** | **Explain calculations.** List all factors and assumptions used in calculating costs for each year. Attach additional sheet if necessary. |
|---|---|---|---|---|---|---|
| | | | | | $ 0.00 | |
| | | | | | $ 0.00 | |
| | | | | | $ 0.00 | |
| | | | | | $ 0.00 | |
| | | | | | $ 0.00 | |
| | | | | | $ 0.00 | |
| **TOTAL (for each column)** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | | |