## New Jersey Public Employment Relations Commission

## **NON-POLICE AND FIRE**

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #								
	SECTION I: Parties and Term of Contracts							
1	Public Employer: Franklin Township BOE			County:				
2	Employee Organization: Franklin Twp Educ Assoc			Number of Employees in Unit: 42				
3	Base Year Contract Ter	rm: 7/1/17-6/30/2	20	lew Contract Term:	7/1/20-6/30/21	A PROPERTY OF THE PARTY OF THE		
	SECTION II: Type of	Contract Settleme	ent (please check o	nly one)				
4	Contract sett	led without neutral	assistance					
5	Contract sett	led with assistance o	of mediator					
6	Contract sett	led with assistance o	of fact-finder					
7		ed with assistance o						
				roport with rocomr	mendations?			
8	If contract was settled	in fact-finding, did	the fact-finder issue a	report with recomm	nendations:			
	Yes No No							
	SECTION III: Salary Base							
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.							
9	Salary Costs in Base Ye							
10	Longevity Costs in Base Year \$							
11	Total Salary Base	e \$2,032,104						
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	7/1/2020	NA	NA	NA	NA		
13	Cost of Salary Increments (\$)	15,957						
14	Salary Increase Above Increments (\$)	19,997						
15	Longevity Increase (\$)	0						
16	Total \$ Increase (sum of lines 13-15)	35,954						
17	New Salary Base (\$)	2,068,058						
18	Percentage increase over prior year	1.77 %	%	<u>%</u>	%	%		
	*If contract duration i	is longer than five ye	ears, please add an a	dditional page.				

mployer: Franklin Township BOE				Employee Organization: Franklin Twp Educ Assoc ractual Economic Items or Newly Added Economic Items*			
L <b>9</b>	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	NA						
		Annual Contraction of the Contra					
0	Totals(\$):						

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 514,401	\$ 527,261
22	Prescription Plan Cost	<b>\$</b>	<b>\$</b> 0
23	Dental Plan Cost	\$ 32,422	\$ 32,422
24	Vision Plan Cost	<b>\$</b> 0	<b>\$</b> 0
25	Total Cost of Insurance	\$ 546,822	\$ 546,444
26	Employee Insurance Contributions	\$ 102981	\$ 109,362
27	Employee Contributions as % of Total Insurance Cost	18.8	<sub>%</sub> 20

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mplo	yer: Franklin Tov	vnship BoE	Employee Orga	nization: Franklin Twp Educ Assoc	Page 3
ectio	n VI: Medical Co	sts (continued)			
28	Identify any in	surance changes that	were included in this CN	NA.	
ores	cription drug b		ed in the insurance	ng agreement. As a point of clarific e plan, so no entry for prescription	
9		Certification and Signed Certification and Signed Certifies that the f	nature oregoing figures are to	rue:	
	Print Name: Position/Title:	Timothy Duryea			
	Signature:				
	Date:	11/3/20			

form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

## Certification

I declare to the best of my knowledge and beli	ief that the attach	ed docu	iment(s) are true	electronic copies of the	ne
executed collective negotiations agreement(s)	and the included	summa	ry is an accurate	assessment of the col	lective
bargaining agreement for the term beginning	7/1/2020	thru	6/30/2020	12	

Employer:	Franklin Township BOE
County:	Warren
Date:	11/4/2020
Name:	Timothy Duryea  Print Name
Title:	SBA
e se distribui	Signuture