Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the
executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective
bargaining agreement for the term beginning 7.1 12 _ thru 6.30

Dennis Township School Dishid Employer:

Cape May 10-16-2024 County:

Date:

Tevi J. Weeks Print Name Name:

School Business Administrator Title: Must Hours