

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 7/1/2018 thru 6/30/2021.

Employer: Absecon Board of Education

County: Atlantic

Date: 9/27/2024

Name: Julie Velluzzi
Print Name

Title: Business Administrator


Signature