## New Jersey Public Employment Relations Commission <u>POLICE AND FIRE</u>

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #						
	SECTION I: Parties and Term of Contracts					
1	Public Employer: Upper Freehold Township	ounty: Monmouth				
2	Employee Organization: Local 4306 AFL CIO CLC	lumber of Employees in Unit: 5				
3	Base Year Contract Term: 1/1/2007-12/31/2011					
4	New Contract Term: 1/1/2012-12/31/2018					
	SECTION II: Type of Contract Settlement (please che	eck only one)				
5	Contract settled without neutral assistance					
6	Contract settled with assistance of mediator					
7	Contract settled with assistance of fact-finder					
8	Contract settled in Interest Arbitration					
9	If contract was settled in Interest Arbitration, did the Arbitrator	issue an Award?				
	,					
	SECTION III: Base Salary Calculation					
	The "base year" refers to the final year of the expiring or expire	d agreement.				
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."					
10	Salary Costs in base year	<b>\$</b> 214,276				
11	Longevity Costs in base year	<b>\$</b> 0				
12	Other base year salary costs					
	\$ O					
	ş 0					
	\$ 0					
	\$ 0					
		<b>\$</b> 0				
	Sum of "Other" Costs Listed in Line 12.					
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	<b>\$</b> 214,276				

20	19	18	17	16	15		14		Empl
Total Increase (\$) (sum of lines 16-19)	Total Increased Cost for "Other" Items (\$)	Longevity Increase (\$)	Salary Increase Above Increments (\$)	Cost of Salary Increments (\$)	Effective Date (month/day/year)	Increases	Total Base Salary Cost from Line 13:	SECTION IV: Increase in Base Salary Cost (for each year of New CNA)	Employer: Upper Freehold Township
-33,338	0	0	0	-33,338	1/1/2012	Year 1		າ Base Salary	nship
17,459	0	0	0	17,459	1/1/2013	Year 2	<b>\$</b> 214,276	Cost (for eac	Employee
17,459	0	0	0	17,459	1/1/2014	Year 3		h year of Nev	Employee Organization:
-64,995	0	0	0	-64,995	1/1/2015	Year 4		CNA)	Local 4306
36,566	0	0	0	36,566	1/1/2016	Year 5			
24,054	0	0	0	24,054	1/1/2017	Year 6			Page 2
7.14%	0	0	0	777	1/1/2018	year 7			-

## SECTION V: Average Increase Over Term of New CNA

	23	22	21
	Average Percentage Increase Per Year	Percentage Increase Over Life of Contrac	Dollar Increase Over Life of Contract
	.09	6	<b>\$</b> 1,347
the contract]		Percentage Increase Over Life of Contract .6 [Divide amount on Line 21 by amount on Line 14]	[Take sum of all amounts listed on Line 20 above]

Emp	Employer: Upper Freehold Township	hold Township		Employee Or	Employee Organization: Local 4306	ocal 4306	Activity to the first transportation of the control	Page 3
	SECTION VI: Other Economic Items Outside Base Salary and Increases	Other Econon	nic Items Out	side Base Sal	lary and Incr	eases		
					←Incr	←Increases→		1
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
								2
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1			
		1						
		Constitute Service (Service Service Se	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	en yez element e en e				1
				20 10 10 10 10 10 10 10 10 10 10 10 10 10				
			1	1				
25	Totals (\$):						2	1
	SECTION VII: Medical Costs	Medical Cos	ts					
	Insurance Costs	S		Base Year	_ ]			
26	Health Plan Cost	st		\$ 37,377	\$ 39,822	322		
27	Prescription Plan Cost	an Cost		0 \$	_\$   -\$			
28	Dental Plan Cost	ıst		0 <b>\$</b>				
29	Vision Plan Cost	st		0 <b>\$</b>	-\$			

Page 3 of 4 (complete all pages)

Total Cost of Insurance

30

Employ	ver: Upper Freehold Township	Employee Organization: Local 4306	Page 4
	ON VII: Medical Costs (continued)		
31 32	Employee Insurance Contributions  Contributions as % of Total Insurance Cost	\$\frac{2086}{5.6} \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
33 None	Identify any insurance changes that wer	re included in this CNA.	
34	SECTION VIII: Certification and Signat The undersigned certifies that the fore		
	Print Name: Dianne Kelly  Position/Title: Township Administrator/C  Signature: 09/29/2016	CFO	
	Send this completed and signed form certification form to: <a href="mailto:contracts@perc">contracts@perc</a>	along with an electronic copy of the contract and the s	igned

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016