

**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: The Township of Hanover County: Morris  
 2 Employee Organization: Teamsters Local No. 97/IBT Number of Employees in Unit: 22  
 3 Base Year Contract Term: 1/1/13 - 12/31/15 New Contract Term: 1/1/16- 12/31/19

**SECTION II: Type of Contract Settlement (please check only one)**

4  Contract settled without neutral assistance  
 5  Contract settled with assistance of mediator  
 6  Contract settled with assistance of fact-finder  
 7  Contract settled with assistance of super-conciliator  
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  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 Year \$     
 10 Longevity Costs in Base Year \$     
 11 Total Salary Base \$   

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
13 Cost of Salary Increments (\$)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
14 Salary Increase Above Increments (\$)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
15 Longevity Increase (\$)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
16 Total \$ Increase (sum of lines 13-15)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
17 New Salary Base (\$)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
18 Percentage increase over prior year	<u>                    </u> %	<u>                    </u> %	<u>                    </u> %	<u>                    </u> %	<u>                    </u> %

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	Totals(\$):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*\*If contract duration is longer than five years, please add an additional page.*

**SECTION VI: Medical Costs**

	Base Year	Year 1
21 Health Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
22 Prescription Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
23 Dental Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
24 Vision Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
25 Total Cost of Insurance	\$ <input type="text"/>	\$ <input type="text"/>
26 Employee Insurance Contributions	\$ <input type="text"/>	\$ <input type="text"/>
27 Employee Contributions as % of Total Insurance Cost	<input type="text"/> %	<input type="text"/> %

Employer: \_\_\_\_\_


Employee Organization: \_\_\_\_\_

**Section VI: Medical Costs (continued)**

28 Identify any insurance changes that were included in this CNA.

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Mary Susan D'Amore  
Position/Title: Human Resources Manager  
Signature:   
Date: June 23, 2021

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto: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 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 1/1/2016 thru 12/31/2019.

Employer: The Township of Hanover

County: Morris

Date: 6/23/2021

Name: Mary Susan D'Amore  
Print Name

Title: Human Resources Manager

  
Signature