

**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: Cape May County Tech HS County: Cape May

2 Employee Organization: CMCTHSEA Number of Employees in Unit: 90

3 Base Year Contract Term: 7/1/19-6/30/22 New Contract Term: 7/1/22-6/30/25

**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 \$ 6,797,767

10 Longevity Costs in Base Year \$ 0

11 Total Salary Base \$ 6,797,767

**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>22/23</u>	<u>23/24</u>	<u>24/25</u>		
13 Cost of Salary Increments (\$)	<u>164,048</u>	<u>168,025</u>	<u>144,453</u>		
14 Salary Increase Above Increments (\$)	<u>60,278</u>	<u>64,990</u>	<u>96,940</u>		
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)	<u>224,326</u>	<u>233,015</u>	<u>241,393</u>		
17 New Salary Base (\$)	<u>7,061,068</u>	<u>7,314,948</u>	<u>7,556,341</u>		
18 Percentage increase over prior year	<u>3.3</u> %	<u>3.3</u> %	<u>3.3</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 (\$)
	Super Max Tchr	600	300				
	Super Max Supp	300	300				
	Add'l Period	500	100				
20	Totals(\$):	1,400	700				

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

**SECTION VI: Medical Costs**

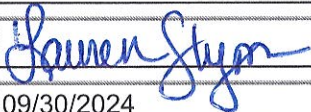
	Base Year	Year 1
21 Health Plan Cost	\$ 2,224,286	\$ 2,224,286
22 Prescription Plan Cost	\$ 0	\$ 0
23 Dental Plan Cost	\$ 11,588	\$ 11,588
24 Vision Plan Cost	\$ 4,860	\$ 4,860
25 Total Cost of Insurance	\$ 2,240,734	\$ 2,240,734
26 Employee Insurance Contributions	\$ 352,686	\$ 352,686
27 Employee Contributions as % of Total Insurance Cost	15.74 %	15.74 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.  
Note #21-Health & Prescription Plan Costs Above Combined  
No Changes to Medical Costs / Insurance in this CNA

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Lauren Flynn  
Position/Title: SBA/BS  
Signature:   
Date: 09/30/2024

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  
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Revised 8/2016