## 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: Co  | blic Employer: County of Gloucester   |                         | County: Gloucester                        |          |           |  |  |  |  |
| 2    | Employee Organization  | loyee Organization:  Teamsters Local 331 Division of Social Services                              |                         | Number of Employees in Unit: 5            |          |           |  |  |  |  |
| 3    | Base Year Contract To  | Contract Term: 1/1/2020 - 12/31/2023  |                         | New Contract Term: 1/1/2024 to 12/31/2028 |          |           |  |  |  |  |
|      | SECTION II: Type of Contract Settlement (please check only one)  |   |                         |   |          |           |  |  |  |  |
| 4    | Contract set   | Contract settled without neutral assistance   |                         |   |          |           |  |  |  |  |
| 5    | Contract set   | Contract settled with assistance of mediator  |                         |   |          |           |  |  |  |  |
| 6    | Contract set   | Contract settled with assistance of fact-finder   |                         |   |          |           |  |  |  |  |
| 7    | Contract sett  | Contract settled with assistance of super-conciliator   |                         |   |          |           |  |  |  |  |
| 8    | If contract was settle   | If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? |                         |   |          |           |  |  |  |  |
|      | Yes No 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. |   |                         |   |          |           |  |  |  |  |
|      | p  |   |                         |   |          |           |  |  |  |  |
| 9    | Salary Costs in Base Year \$645,804  |   | \$1043,004              |   |          |           |  |  |  |  |
| 10   | Longevity Costs in Base Year \$  |   | \$                      |   |          |           |  |  |  |  |
| 11   | Total Salary Base  |   | \$ <mark>645,804</mark> |   |          |           |  |  |  |  |
|      | SECTION IV: Salary   | Increases for Each  | Year of New Agr         | eement*                                   |          |           |  |  |  |  |
|      |  | Year 1  | Year 2                  | Year 3                                    | Year 4   | Year 5    |  |  |  |  |
| 12   | Effective Date (month/day/year)  | 1/1/2024  | 1/1/2025                | 1/1/2026                                  | 1/1/2027 | 1/1/2028  |  |  |  |  |
| 13   | Cost of Salary   | 17,760  | 19,906                  | 23,921                                    | 28,294   | 29,429    |  |  |  |  |
| 14   | Increments (\$) Salary Increase Above  |   |                         |   |          | 1/1/2028  |  |  |  |  |
| 4=   | Increments (\$)  |   |                         |   |          | 17 172026 |  |  |  |  |
| 15   | Longevity Increase (\$)  |   |                         | - 6                                       |          |           |  |  |  |  |
| 16   | Total \$ Increase (sum of lines 13-15)   |   |                         |   |          |           |  |  |  |  |
| 17   | New Salary Base (\$)   | 663,564   | 683,470                 | 707,391                                   | 735,685  | 765,114   |  |  |  |  |
| 18   | Percentage increase over prior year  | 2.75 %  | 3.00 %                  | 3.50 %                                    | 4.00 %   | 4.00 %    |  |  |  |  |
|      | *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                                    | \$\$  |
| 22 | Prescription Plan Cost                              | \$ \$   |
| 23 | Dental Plan Cost                                    | \$\$  |
| 24 | Vision Plan Cost                                    | \$ \$   |
| 25 | Total Cost of Insurance                             | \$ 100,440 \$ 119,861                                   |
| 26 | Employee Insurance Contributions                    | \$\\\ 31,302  \( \s\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| 27 | Employee Contributions as % of Total Insurance Cost | 31 <u>%</u> 26 <u>%</u>                                 |
|    |   |   |

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| Employer: County of Gloucester |   |   | Employee Organization:            | CWA #1085 Division of Social Services  | Page 3     |
|--------------------------------|---|---|-----------------------------------|--|------------|
|                                | n VI: Medical Co                                  |   |                                   |  |            |
| 28                             | Identify any ins                                  | surance changes that we                         | ere included in this CNA.         |  | -          |
|                                |   |   |                                   |  |            |
|                                |   |   |                                   |  |            |
| 29                             |   | ertification and Signard certifies that the for | ture<br>regoing figures are true: |  |            |
|                                | Print Name: Position/Title: Signature: Date:      | Tracey N. Giordano Treasurer/CFO  March 8, 2024 | n Gladen                          |  |            |
|                                |   | pleted and signed forn<br>acts@perc.state.nj.us |                                   | opy of the contract and the signed cer | tification |
|                                | NJ Public Emplo<br>Conciliation and<br>PO Box 429 | oyment Relations Com<br>d Arbitration           | mission                           |  |            |

Trenton, NJ 08625

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