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 1/1/2024 thru 12/31/2028.

Employer: GC Division of Social Serv

County: Gloucester

Date: 3/8/2024

Name: Tracey N. Giordano
Print Name

Title: Treasurer/CFO

_____
Signature