

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 7/1/2024 thru 6/30/2028.

Employer: Avalon Board of Education

County: Cape May

Date: 9/26/2024

Name: Kathleen Fox
Print Name

Title: Chief School Administrator

Kathleen Fox
Signature