## 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: Der	nnis Township Sch	ool District	County: Cape May		
2	Employee Organizatio	Education Association		Number of Employees in Unit: 110.5		
3	Base Year Contract Te	rm: 07/01/2020 - 0	06/30/2023	New Contract Term: 07/01/2023 - 06/30/2026		0/2026
	SECTION II: Type of	Contract Settlem	ent (please check	only one)		
4	Contract settled without neutral assistance					
5	Contract sett	led with assistance of	of mediator			•
6	Contract sett	led with assistance o	of fact-finder			
7	Contract sett	led with assistance o	of super-conciliator			
8	If contract was settled			a report with recomi	mendations?	
	Yes No No					
	SECTION III: Salary	SECTION III: Salary Base				
	The salary base is the the parties negotiate			xpired or expiring agr	eement. This is the b	pase cost from which
9	Salary Costs in Base Y	ear	\$ 5974860			
10	Longevity Costs in Base Year \$49800		\$ <mark>49800</mark>			
11	Total Salary Base		\$ 6024660			
	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)	07/01/2023	07/01/2024	07/01/2025		
13	Cost of Salary Increments (\$)	113647	139660	1440903		
14	Salary Increase Above Increments (\$)	107836	79358	85406		
15	Longevity Increase (\$)	4000	5800	2600		
16	Total \$ Increase (sum of lines 13-15)	229483	230618	235509		
17	New Salary Base (\$)	6254143	6484761	6720270		
18	Percentage increase over prior year	3.81 %	3.69 %	3.63 %	<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	Proate days based on months worked	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	one added faculty meeting per month						
	FMLA begin no later than 15 sick day, concurrer						
20	Totals(\$):						

<sup>\*</sup>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	\$	\$
26	Employee Insurance Contributions	\$	\$
27	Employee Contributions as % of Total Insurance Cost	<u></u> %	<u></u> %

Page 2 of 3 (complete all pages)

Employe	Dennis Tov	wnship School District	Employee Organization:	Educators Association	Page 3	
Section	VI: Medical Co	sts (continued)				
28 None	Identify any ins achieved	surance changes that were in	cluded in this CNA.			
	SECTION VII: C	ertification and Signature				
29	The undersigne	d certifies that the foregoi	ng figures are true:			
	Print Name:	Teri J. Weeks				
	Position/Title:	School Business Adm	ninistrator			
	Signature: Date:	10/17/2024				
		oleted and signed form alo acts@perc.state.nj.us	ng with an electronic co	opy of the contract and the signed	l certification	

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

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Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016