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: To | ownship of Tew | ksbury | County: Hunterdo | n | | |
| 2 | Employee Organizati | on: Teamsters Loca | al #469 DPW | Number of Employe | ees in Unit: 10 | | |
| 3 | Base Year Contract T | erm: January 1, 2018 - De | cember 31, 2020 | New Contract Term: January 1, 2021 - December 31, 2024 | | | |
| | SECTION II: Type of Contract Settlement (please check only one) | | | | | | |
| 4 | Contract se | ttled without neutra | ıl assistance | | | | |
| 5 | Contract set | tled with assistance | of mediator | | | | |
| 6 | Contract set | tled with assistance | of fact-finder | | | | |
| 7 | ПТ | tled with assistance | | | | | |
| 8 | If contract was settle | | | a report with recom | mendations? | | |
| | Yes No | a milast mianig, ara | the fact infact issue | a report with recon | inicha tions: | | |
| - | | | | | | | |
| | 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 wh | | | | | | |
| | the parties negotiate | the salary increases | | white of expiring ag | recinent. This is the | base cost from which | |
| 9 | Salary Costs in Base Year \$\\$15,697 | | | | | | |
| 10 | Longevity Costs in Ba | se Year | \$ 0 | | | | |
| 11 | Total Salary Base | | \$ 515,697 | | | | |
| | SECTION IV: Salary | Increases for Eac | h Year of New Agro | eement* | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | |
| 12 | Effective Date (month/day/year) | 01/01/2021 | 01/01/2022 | 01/01/2023 | 01/01/2024 | | |
| 13 | Cost of Salary Increments (\$) | 12,498 | 79,156 | 36,284 | 21, 986 | | |
| 14 | Salary Increase Above Increments (\$) | 0 | 0 | 0 | 0 | | |
| 15 | Longevity Increase (\$) | 0 | 0 | 0 | 0 | | |
| 16 | Total \$ Increase (sum of lines 13-15) | 12,498 | 79,156 | 36,284 | 21,986 | | |
| 17 | New Salary Base (\$) | 528,195 | 607,351 | 643,635 | 665,621 | | |
| 18 | Percentage increase over prior year | 2.4 % | 15 % | 5.9 % | 3.4 % | % | |
| | | | | | | | |

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

| 19 | Item Description Clothing Allowance | Base Year Cost (\$) | Year 1 Increase (\$) | Year 2 Increase (\$) | Year 3 Increase (\$) | Year 4 Increase (\$) | Year 5 Increase (\$) |
|----|--------------------------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | Eye Care Allowance | 200 | 100 | 0 | 0 | 0 | |
| | | | | | | | |
| 20 | Totals(\$): | 800 | 250 | 0 | 0 | 0 | |

^{*}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 | _{\$} 166,263 | ş 169,302 | |
| 22 | Prescription Plan Cost | ş O | \$ O | |
| 23 | Dental Plan Cost | ş 9,139 | \$ 9,139 | |
| 24 | Vision Plan Cost | \$ 0 | \$ 0 | |
| 25 | Total Cost of Insurance | \$\begin{align*} 175,402 | ş 178,441 | |
| 26 | Employee Insurance Contributions | \$ 32,239 | \$ <mark>32,239</mark> | |
| 27 | Employee Contributions as % of Total Insurance Cost | 18 | _% 18 | |
| 27 | Employee Contributions as % of Total Insurance Cost | 18 | 18 | % |

| Employ | _{ver:} Township | of Tewksbury | Employee Organization | : Teamsters Local Union #469 DPW | - _ Page 3 |
|------------|---|--|-------------------------------|--|---------------|
| Section | n VI: Medical C | osts (continued) | | | |
| 28 None | Identify any i | nsurance changes that w | ere included in this CNA. | | |
| 29 | | Certification and Signated certifies that the form Mary Markiewicz Acting CFO May Make 08/03/2022 | ture egoing figures are true: | | |
| | Send this comp form to: contra | pleted and signed form acts@perc.state.nj.us | along with an electronic co | py of the contract and the signed cert | tification |
| | NJ Public Emplo Conciliation and PO Box 429 | oyment Relations Comn d Arbitration | mission | | |

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

Certification

| I declare to the best of my knowledge and belief that the attached executed collective negotiations agreement(s) and the included subargaining agreement for the term beginning 1/1/2021 | immary is an accurate assessment of the colle- |
|--|--|
| Employer: | Towship of Tewksbury |
| County: | Hunterdon 🔻 |
| Date: | 8/3/2022 |
| Name: | Mary Markiewicz |
| Title: | Acting CFO Man Manha |
| | Signature |