

Certification

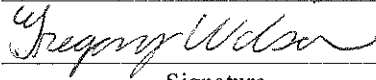
I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2017 thru 6/30/2021.

Employer: East Greenwich Township School District

County: Gloucester

Date: 1/31/2020

Name: Gregory Wilson
Print Name

Title: School Business Administrator

Signature

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: County:

2 Employee Organization: Number of Employees in Unit:

3 Base Year Contract Term: New Contract Term:

SECTION II: Type of Contract Settlement (please check only one)

4 Contract settled without neutral assistance

5 Contract settled with assistance of mediator

6 Contract settled with assistance of fact-finder

7 Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes 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.

9 Salary Costs in Base Year

10 Longevity Costs in Base Year

11 Total Salary Base

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text" value="07/01/2017"/>	<input type="text" value="07/01/2018"/>	<input type="text" value="07/01/2019"/>	<input type="text" value="07/01/2020"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="19500"/>	<input type="text" value="13500"/>	<input type="text" value="14250"/>	<input type="text" value="12459"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="19500"/>	<input type="text" value="13500"/>	<input type="text" value="14250"/>	<input type="text" value="12459"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="526000"/>	<input type="text" value="539500"/>	<input type="text" value="553750"/>	<input type="text" value="566209"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="3.85"/> %	<input type="text" value="2.57"/> %	<input type="text" value="2.64"/> %	<input type="text" value="2.25"/> %	<input type="text"/>

**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	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

**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	\$37236	\$31800
22 Prescription Plan Cost	\$6228	\$6366
23 Dental Plan Cost	\$1404	\$1560
24 Vision Plan Cost	\$0	\$0
25 Total Cost of Insurance	\$44868	\$39726
26 Employee Insurance Contributions	\$10918.62	\$9213.75
27 Employee Contributions as % of Total Insurance Cost	24%	23%

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

In year 2 of this contract, the employee health plan contributions lower to chapter 78 tier 3. The base health benefit plan changes to higher copays for both medical and perscription starting in year 2 of this contract.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<u>Gregory Wilson</u>
Position/Title:	<u>School Business Administrator</u>
Signature:	<u><i>Gregory Wilson</i></u>
Date:	<u>1/31/2020</u>

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016