

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="7/1/17"/>	<input type="text" value="7/1/18"/>	<input type="text" value="7/1/19"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="88161"/>	<input type="text" value="90635"/>	<input type="text" value="93195"/>	<input type="text"/>	<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"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="88161"/>	<input type="text" value="90635"/>	<input type="text" value="93195"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="3237260"/>	<input type="text" value="3327894"/>	<input type="text" value="3421090"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="2.8"/> %	<input type="text" value="2.8"/> %	<input type="text" value="2.8"/> %	<input type="text"/>	<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 (\$)
	custodians	197801	5535	5690	5845		
	student aides	181401	4810	5315	5466		
	instructional aide	45688	1282	1321	1346		
20	Totals(\$):	424890	11627	12326	12657		

**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	\$ 1023501	\$ 1156556
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 33012	\$ 34002
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 1056513	\$ 1190558
26	Employee Insurance Contributions	\$ 215908	\$ 229367
27	Employee Contributions as % of Total Insurance Cost	20 %	19 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
Dental - Board share changed from 24.77 to 35.00 per month per employee
Health - Board remained firm on Chapter 78 but agreed to a give back a total of \$8000 per year to be split equitably among the members participating in the plan

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<input type="text" value="Judy Holladay"/>
Position/Title:	<input type="text" value="SBA"/>
Signature:	<input type="text" value="Judy Holladay"/>
Date:	<input type="text" value="1/25/18"/>

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