

**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: Borough of Clayton County: Gloucester  
 2 Employee Organization: AFSCME New Jersey Council 63, Local 3118 Number of Employees in Unit: 13  
 3 Base Year Contract Term: 01/01/17 - 12/31/19 New Contract Term: 01/01/20 - 12/31/21

**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 \$ 163,172  
 10 Longevity Costs in Base Year \$ 0.00  
 11 Total Salary Base \$ 163,172

**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)	<u>01/01/2020</u>	<u>01/01/2021</u>			
13 Cost of Salary Increments (\$)	<u>2,854</u>	<u>3,317</u>			
14 Salary Increase Above Increments (\$)	<u>0.00</u>	<u>0.00</u>			
15 Longevity Increase (\$)	<u>0.00</u>	<u>0.00</u>			
16 Total \$ Increase (sum of lines 13-15)	<u>2,854</u>	<u>3,317</u>			
17 New Salary Base (\$)	<u>166,026</u>	<u>169,343</u>			
18 Percentage increase over prior year	<u>1.75</u> %	<u>2.0</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	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	n/a						
20	Totals(\$):	0.00	0.00	0.00			

*\*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	\$ <input type="text"/>	\$ <input type="text" value="n/a"/>
22	Prescription Plan Cost	\$ <input type="text"/>	\$ <input type="text" value="n/a"/>
23	Dental Plan Cost	\$ <input type="text"/>	\$ <input type="text" value="n/a"/>
24	Vision Plan Cost	\$ <input type="text"/>	\$ <input type="text" value="n/a"/>
25	Total Cost of Insurance	\$ <input type="text"/>	\$ <input type="text" value="n/a"/>
26	Employee Insurance Contributions	\$ <input type="text"/>	\$ <input type="text" value="n/a"/>
27	Employee Contributions as % of Total Insurance Cost	<input type="text"/> %	<input type="text" value="n/a"/> %

Employer: Borough of Clayton

Employee Organization: AFSCME New Jersey Council 63, Local 3118

**Section VI: Medical Costs (continued)**


28 Identify any insurance changes that were included in this CNA.  
none

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Donna Nestore

Position/Title: CFO

Signature: 

Date: 04/15/2021

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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](mailto:contracts@perc.state.nj.us)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
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