# New Jersey Public Employment Relations Commission 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: Clayton Superior Officers F.O.P. Lodge No. 130	Number of Employees in Unit: 5	
3	Base Year Contract Term: Jan. 1, 2017 - Dec. 31, 2019	•	
4	New Contract Term: Jan. 1, 2020 - Dec. 31, 2023		
£10 10 Example	·		
	SECTION II: Type of Contract Settlement (please	check only one)	
5	Contract settled without neutral assistance		
6	Contract settled with assistance of mediator		
7	Contract settled with assistance of fact-finder		
8	Contract settled in Interest Arbitration		
9	If contract was settled in Interest Arbitration, did the Arbitr	rator issue an Award? Yes No No	
74.1			_
	SECTION III: Base Salary Calculation		
	The "base year" refers to the final year of the expiring or ex	pired agreement.	
14		se salary' means the salary proyided pursuant to a salary guide ement, including any amount for longevity or length of service.	
*** * #	It shall also include any other item agreed to by the parties, understood by the parties in the prior contract. Base salary		
:	health and medical insurance costs."		
10	Salary Costs in base year	\$ 487,791.87	
11	Longevity Costs in base year	\$ 0.00	
12	Other base year salary costs		
3	Holiday Pay \$ 28,247.66		
٠,	\$		
7	\$		
:2	\$		
39	Sum of "Other" Costs Listed in Line 12.	<b>\$</b> 28,247.66	
1.3	Total Base Salary Cost: (sum of lines 10, 11, 12):	<b>\$</b> 516,039.53	

SECTION IV:	Increase in	Race Salary	Cost Ifor	each year	of Now	CNIA

Total Base Salary Cost from Line 13: \$516,039.53

1054

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	1/1/2020	Ĭ/1/2021	1/1/2022	1/1/2023		
16	Cost of Salary Increments (\$)	0	0	0	0		
<b>17</b>	Salary Increase Above Increments (\$)	14,633.76	15,072.77	10,397.97	10,557.93		-
18	Longevity Increase (\$)						
19	Total Increased Cost for "Other" Items (\$)	847.43	872.85	582.41	611.01		
20	Total Increase (\$) (sum of lines 16-19)	15,481.19	15,945.62	10,980.38	11,168.93		

### **SECTION V: Average Increase Over Term of New CNA**

21	Dollar Increase Over Life of Contract	\$ 53,576.12	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contrac	t 10.38 %	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	2.60 %	[Divide percentage on Line 22 by number of years of
		•	the contract]

Employer: Borough of Clayton

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## SECTION VI: Other Economic Items Outside Base Salary and Increases

#### ←Increases→

			( increases /					
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Shift Differential	2,400.00	2,400.00	2,400.00	0	0		
	Education	300.00	300.00	300.00	0	0		
	On-Call	0	0	0	2,000.00	2,000.00		
	Uniforms Allowance	2,875.00	2,875.00	2,875.00	3,750.00	3,750.00	-	TANANCA TORA COLORA COL
	Clothing Maintenance	3,600.00	3,600.00	3,600.00	3,600.00	3,600.00		
		Particular Control of				***************************************	4**************************************	***************************************
ż					Security of the Control of the Contr	giftig hits die mit die der alle der auf der aus aus der aben un en erwer		
					CANADAMAC REPUBLISHED PROGRAMME TO.			
٠.			NECESSARIA DE PRESENTA PARE PARE PARE PARE PARE PARE PARE PAR	# 1	***************************************			
25	Totals (\$):	9,175.00	9,175.00	9,175.00	9,350.00	9,350.00		

#### **SECTION VII: Medical Costs**

	Insurance Costs		Base Year	Year 1
26	Health Plan Cost		\$ 117,433.68	<b>\$</b> 103,932.48
27	Prescription Plan Cost	· .	\$ 23,646.36	\$ 19,683.36
28	Dental Plan Cost		\$ 7,877.64	\$ 8,602.80
29	Vision Plan Cost		\$ 1,330.08	\$ 1,493.40
30	Total Cost of Insurance		<b>\$</b> 150,287.76	\$ 133,712.04

Employer: Borough of Clayton		Employee Organization: Clayton Superior Officers F.O.P. Lodge No. 130		
SECT	ON VII: Medical Costs (continued)			
31 32	Employee Insurance Contributions  Contributions as % of Total Insurance Cost	\$\frac{43,551.50}{28.98} \% \frac{\$40}{30.2}	28 %	
33	Identify any insurance changes that were	e included in this CNA.		
	i pri			
	473			
· j* ·				
34	Print Name: Donna Nestore  Position/Title: CFO Signature: 04/21/2022	oing figures are true:		
	Send this completed and signed form a certification form to: contracts@perc.s	_	copy of the contract and the si	gned
	NJ Public Employment Relations Commi	ission		
200 0 30	Conciliation and Arbitration			
	PO Box 429			
	Trenton, NJ 08625			
	Phone: 609-292-9898		Revised 8/2016	6

# Certification

		nmary is an accurate assessment of the collective
bargaining agreement for the term beginning _	1/1/2020 th	iru _12/31/2023
		Borough of Clayton
	Employer:	borough of Clayton
	County:	Gloucester
	Date:	4/21/2022
	Name:	Donna Nestore

Title:

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the

Print Name

Signature