

**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 Saddle River County: Bergen  
 2 Employee Organization: RWDSU Local 108 Number of Employees in Unit: 17  
 3 Base Year Contract Term: 1/1/2015 - 12/31/17 New Contract Term: 1/1/18 - 12/31/20

**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 \$ 849,645  
 10 Longevity Costs in Base Year \$ 0  
 11 Total Salary Base \$ 849,645

**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>1/1/18</u>	<u>1/1/19</u>	<u>1/1/20</u>		
13 Cost of Salary Increments (\$)	<u>16,724</u>	<u>0</u>	<u>0</u>		
14 Salary Increase Above Increments (\$)	<u>15,137</u>	<u>17,630</u>	<u>17,983</u>		
15 Longevity Increase (\$)					
16 Total \$ Increase (sum of lines 13-15)	<u>31,861</u>	<u>17,630</u>	<u>17,983</u>		
17 New Salary Base (\$)	<u>881,506</u>	<u>899,138</u>	<u>917,121</u>		
18 Percentage increase over prior year	<u>3.75</u> %	<u>2.0</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 (\$)
	DPW Cell Allowance	0	200	0	0		
20	Totals(\$):	0	200	0	0		

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

**SECTION VI: Medical Costs**

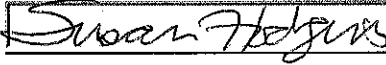
	Base Year	Year 1	
21	Health Plan Cost	\$162,072	\$185,524
22	Prescription Plan Cost	\$N/A	\$N/A
23	Dental Plan Cost	\$11,352	\$10,644
24	Vision Plan Cost	\$N/A	\$N/A
25	Total Cost of Insurance	\$173,424	\$196,168
26	Employee Insurance Contributions	\$17,395	\$16,459
27	Employee Contributions as % of Total Insurance Cost	10.03 %	8.39 %

Section VI: Medical Costs (continued)

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

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Susan Hodgins  
Position/Title: CFO  
Signature:   
Date: 1/20/25

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)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
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