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 _1/1/2024_____ thru _12/31/2026___.

Employer: Ocean County Board of Social Services

County: Ocean

Date: 9/9/2024

Name: Brian K. Wilkie, Esq.
Print Name

Title: s/ Brian Wilkie

_____
Signature