## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

	SECTION I: Parties a	nd Term of Contra	acts						
1	Public Employer:Scotch Plains-Fanwood Employee Organization: SPFEA		County: Union						
2			Number of Employees in Unit:						
3	Base Year Contract Ter	m: Four	New Contract Term: Five						
	SECTION II: Type of	Contract Settleme	ent (please check o	nly 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 if contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  Yes  No								
8									
	SECTION III: Salary Base								
9	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.  Salary Costs in Base Year  \$44,051,604								
10	Longevity Costs in Base	e Year	\$						
11	Total Salary Base		\$ 44,051,604						
	SECTION IV: Salary	Increases for Each	Year of New Agree	ement*					
		Year 1	Year 2	Year 3	Year 4	Year 5			
12	Effective Date (month/day/year)	7-1-22	7-1-23	7-1-2 4	7-1-25	7-1-26			
13	Cost of Salary Increments (\$)	497,302	509,101	502,181	0	0			
14	Salary Increase Above Increments (\$)	990,858	970,919	1,025,971	1,577,798	1,629,100			
15	Longevity Increase (\$)	0	0	0	0	0			
16	Total \$ Increase (sum of lines 13-15)	1,488,160	1,480,020	1,528,152	1,577,798	1,629,100			
17	New Salary Base (\$)	45,539,763	47,019,783	48,547,936	50,125,733	51,754,833			
						31,734,033			

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

14.719.561 21 Health Plan Cost 22 Prescription Plan Cost 542,210.14 23 Dental Plan Cost 24 Vision Plan Cost 15,261,771 25 Total Cost of Insurance 2,947,873 s 26 **Employee Insurance Contributions** 19.23 27 Employee Contributions as % of Total Insurance Cost

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Employer: Scotch	Plains-Fanwood	Employee Organization:	SPFEA	
Section VI: Medical	Costs (continued)	Employee Organization: [	SFFEA	Page
28 Identify any	In	100		
20 Identity any	insurance changes that were	included in this CNA. No m	edical changes	
			n-	
SECTION VII:	Certification and Signature	e		
29 The undersign	ed certifies that the forego	oing figures are true:		
Print Name:	Christopher Jones			
Position/Title:	Business Administra	ator		
Signature:	Christopher C	ones		
Date:	7-25-24			
Date:	7-23-24			
Send this com	oleted and signed form alo	ong with an electronic	of the contract and the sign	
form to: contr	acts@perc.state.nj.us	mg with an electronic copy	of the contract and the sign	ed certification
NI Public Emple	number I D. Lee			
Conciliation and	oyment Relations Commissi	ion		
PO Box 429	2			
T				

Trenton, NJ 08625

Phone: 609-292-9898

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