

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 _Jan 1, 2024__ thru _Dec 31, 2026__.

Employer:	BOROUGH OF GLEN RIDGE
County:	Essex
Date:	11/12/2024
Name:	MICHAEL ZICHELLI Print Name
Title:	Administrator
	Signature