# New Jersey Public Employment Relations Commission <u>NON-POLICE AND FIRE</u> <u>COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM</u>

Line #

### **SECTION I: Parties and Term of Contracts**

| 1  | Public Employer:   |   |               | County:                      |     |      |        |   |
|----|--|---|---------------|------------------------------|-----|------|--------|---|
| 2  | Employee Organization:   |   |               | Number of Employees in Unit: |     |      |        |   |
| 3  | Base Year Contract Term:   |   |               | New Contract Term:           |     |      |        |   |
|    | 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 settl   | Contract settled with assistance of fact-finder   |               |                              |     |      |        |   |
| 7  | Contract settled with assistance of super-conciliator  |   |               |                              |     |      |        |   |
| 8  | If contract was settled  | 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 Ye  | ear   | \$            |                              |     |      |        |   |
| 10 | Longevity Costs in Base Year \$  |   | \$            |                              |     |      |        |   |
| 11 | Total Salary Base  |   | \$            |                              | _   |      |        |   |
|    | SECTION IV: Salary   | Increases for Each  | n Year of New | Agreement*                   |     |      |        |   |
|    |  | Year 1  | Year 2        | Year 3                       | Yea | ar 4 | Year 5 |   |
| 12 | Effective Date<br>(month/day/year)   |   |               |                              |     |      |        |   |
| 13 | Cost of Salary   |   |               |                              |     |      |        | _ |
|    | Increments (\$)  |   |               | _                            |     |      |        | _ |
| 14 | Salary Increase Above<br>Increments (\$)   |   |               |                              |     |      |        |   |
| 15 | Longevity Increase (\$)  |   |               |                              |     |      |        |   |
| 16 | Total \$ Increase  |   |               |                              |     |      |        | = |
|    | (sum of lines 13-15)   |   | I             |                              |     |      | I      |   |
| 17 | New Salary Base (\$)   |   |               |                              |     |      |        |   |
| 18 | Percentage increase<br>over prior year   | %   |               | %                            | %   | %    |        | % |

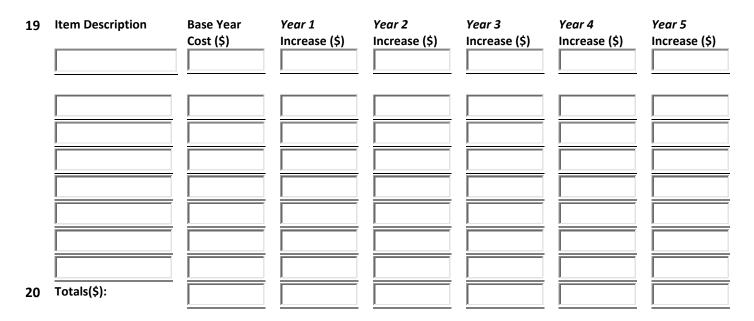
\*If contract duration is longer than five years, please add an additional page.

**Employer:** 

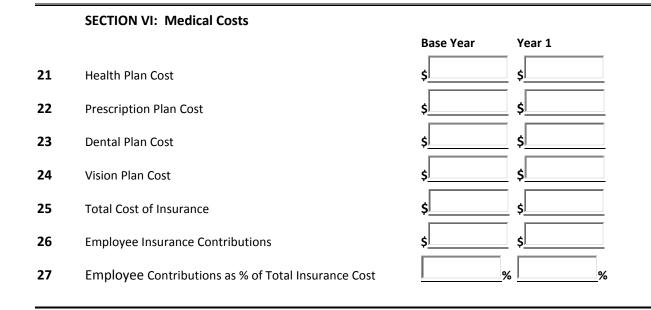
Employee Organization:

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## SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*



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



Page 2 of 3 (complete all pages)

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#### 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:     |      |
|-----------------|------|
| Position/Title: |      |
| Signature:      | Hell |
| Date:           |      |

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <u>contracts@perc.state.nj.us</u>

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429 Trenton, NJ 08625 Phone: 609-292-9898

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