New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	6						
	SECTION I: Parties a	nd Term of Contra	cts				
1	Public Employer: Tow	nship of Clark	C	ounty: Union	e pagensan, are a semilina sullillina sharir Pillilah (Pilah (Pil	is above the company of the first and difference is the control to be a	
2	Employee Organization	Union Council N	o.8 IFPTE	Number of Employees in Unit:			
3	Base Year Contract Ter	m: 1/1/2024-12/3	1/2024		1/1/25-12/31/28		
	SECTION II: Type of	Contract Settleme	nt (please check o	nly one)			
4	Contract settle	ed without neutral a	ssistance				
5	Contract settle	ed with assistance of	f mediator				
6	Contract settle	ed with assistance of	f fact-finder				
7	Contract settle	ed with assistance of	super-conciliator				
8	If contract was settled	in fact-finding, did t	he fact-finder issue a	report with recomn	nendations?		
	Yes No	I					
	SECTION III: Salary I						
	The salary base is the o		final year of the exp	pired or expiring agre	ement. This is the b	ase cost from which	
9	Salary Costs in Base Ye	ar	\$ 586,968.00				
10	Longevity Costs in Base	e Year	\$ 0.00				
11	Total Salary Base		586,968.00				
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1/1/2025	1/1/2026	1/1/2027	1/1/2028		
13	Cost of Salary Increments (\$)	19,076.00	21,404.04	22,153.18	22,928.54		
14	Salary Increase Above Increments (\$)	0	0	0	0		
15	Longevity Increase (\$)	5500.00	0	0	0		
16	Total \$ Increase (sum of lines 13-15)	24,576.00	21,404.04	22,153.18	22,928.54		
17	New Salary Base (\$)	611,544.00	632,948.04	655,101.22	678,029.76		
18	Percentage increase over prior year	3.25 %	3.50 %	3.50 %	3.50 %	%	

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

Employer: Township of Clark			Emplo	yee Organization	Union Counci	Union Council No.8 IFPTE	
	SECTION V: Increa	ses in Other (Contractual Econ	omic Items or f	Newly Added Ec	onomic Items*	
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						
	*If contract duration	is lon ger than	five years, please (add an additiona	l page.		
	SECTION VI: Med	cal Costs		Base Ye	ar Year 1		
21	Health Plan Cost			\$ 137,8		117.00	
22	Prescription Plan Co	st		\$ 23,13			
23	Dental Plan Cost			\$ 6000	.00 \$ 6200	0.00	

Page 2 of 3 (complete all pages)

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25

26

27

Vision Plan Cost

Total Cost of Insurance

Employee Insurance Contributions

mployer: Township of Clark		Employee Organization: Union Council No.8 IFPTE	Page :
ectio	n VI: Medical Costs (continued)		
28	Identify any insurance changes that	t were included in this CNA.	
		20	
29	SECTION VII: Certification and Signature The undersigned certifies that the		
	Print Name: Ooma W	Nuzzoced	
	Position/Title: Consider	itial secretary	9
	Signature: Horna	manuello	
	Date: 12/10/2	ı Y	
	Send this completed and signed form to: contracts@perc.state.nj.	form along with an electronic copy of the contract and the sign	ed certification
	rorm to: contracts@perc.state.nl.	<u>i.us</u>	

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016