New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line#

	SECTION I: Parties and Term of Contracts						
1	Public Employer: South River Board of Education			County: Middlesex			
2	Employee Organization:			Number of Employees in Unit: 12			
3	Base Year Contract Term: 2021-2024			New Contract Term: 2024-2028			
	SECTION II: Type of	f Contract Settlem	ent (please check	only 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						
8			•	a report with recom	mendations?		
•	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 whice the parties negotiate the salary increases.						
9	Salary Costs in Base Year \$1,493,229.00						
10	Longevity Costs in Base Year		\$ 24,950.00				
11	Total Salary Base		s 1,539,379.00				
	SECTION IV: Salary Increases for Each Year of New Agreement*						
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	07/01/2024	07/01/2025	07/01/2026	07/01/2027		
13	Cost of Salary	56,525	62,437	60,709	61,384		
14	Increments (\$) Salary Increase Above						
15	Increments (\$) Longevity Increase (\$)	2,050	0	2,500	2,500		
16	Total \$ Increase	61,575	62,437	63,209	63,884		
17	(sum of lines 13-15) New Salary Base (\$)	1,600,954	1,663,391	1,726,600	1,790,485		
18	Percentage increase over prior year	4.00 %	3.90 %	3.80 %	3.70 %	%	
	*If contract duration i	s longer than five ye	ears, please add an a	dditional page.			

Empl	oyer: South River E	Board of Educ	ation Emplo	yee Organization	SRAA		Page 2
	SECTION V: Increa					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	n is longer than fiv	re years, please a	dd an additional	page.		
	SECTION VI: Medi	ical Costs	Mark 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
21	Health Plan Cost			Base Yea \$ 271,33		84.40	
22	Prescription Plan Cos	st		\$	\$	<u></u>	
23	Dental Plan Cost			\$ <mark>12,15</mark>			
24	Vision Plan Cost			_{\$} 2,790			
25	Total Cost of Insuran	nce		s 286,27	75.60 s 309,9	03.96	

s 12,154.56

25

26

27

Total Cost of Insurance

Employee Insurance Contributions

Employee Contributions as % of Total Insurance Cost

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Employ	er: South Rive	er Board of Education	Employee Organization:	SRAA	Page 3
Section	VI: Medical Co	osts (continued)			
20	Idauski lo		and district CNA		
28	identity any in	surance changes that were i	nciuded in this CNA.		
	SECTION VII: C	Certification and Signature			
29	The undersigne	ed certifies that the foregoi	ing figures are true:		
		procedure and the second decay of the second d		*	
	Print Name:	Johnny Rosa	day was training to the same of the same o		
	Position/Title:	Business Administrat	tor		
	Signature:	10			
		2/27/2025			
	Date:				
	Send this comp	oleted and signed form alo	ong with an electronic co	ppy of the contract and the	signed certification
	form to: contra	acts@perc.state.nj.us			
MATERIAL PROGRAMMENT	THE RESIDENCE OF THE PARTY OF T				
	NJ Public Emplo	oyment Relations Commiss	iion		
	Conciliation and	The state of the s			
	PO Boy 429				

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