

**New Jersey Public Employment Relations Commission**  
**POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

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

1 Public Employer: Township of Ocean County: Monmouth  
2 Employee Organization: Police SOA Number of Employees in Unit: 15  
3 Base Year Contract Term: Jan 1, 2019 - Dec 31, 2023  
4 New Contract Term: Jan 1, 2024 - Dec 31, 2028

**SECTION II: Type of Contract Settlement (please check only one)**

5  Contract settled without neutral assistance  
6  Contract settled with assistance of mediator  
7  Contract settled with assistance of fact-finder  
8  Contract settled in Interest Arbitration  
9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes  No

**SECTION III: Base Salary Calculation**

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary" means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10 Salary Costs in base year \$ 2,140,749  
11 Longevity Costs in base year \$ 117,804  
12 Other base year salary costs  
Supervisory \$ 75,750  
Merit \$ 11,450  
College \$ 7,000  
\$             
Sum of "Other" Costs Listed in Line 12. \$ 94,200  
13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 2,352,753

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**

14 Total Base Salary Cost from Line 13: \$ 2,352,753

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>	<u>1/1/2027</u>	<u>1/1/2028</u>	
16 Cost of Salary Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
17 Salary Increase Above Increments (\$)	<u>80,264</u>	<u>77,735</u>	<u>80,456</u>	<u>83,272</u>	<u>80,030</u>	
18 Longevity Increase (\$)	<u>7,044</u>	<u>4,370</u>	<u>4,523</u>	<u>4,681</u>	<u>4,499</u>	
19 Total Increased Cost for "Other" Items (\$)	<u>170,800</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
20 Total Increase (\$) (sum of lines 16-19)	<u>258,108</u>	<u>82,105</u>	<u>84,979</u>	<u>87,953</u>	<u>84,529</u>	

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 597,674 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 25.00 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 5.00 % [Divide percentage on Line 22 by number of years of the contract]

**SECTION VI: Other Economic Items Outside Base Salary and Increases**

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Special Duty	88,337	0	0	0	0	0	
	Grants	2,400	0	0	0	0	0	
	Health Sellback	20,000	0	0	0	0	0	
	Holiday Sellback	19,941	0	0	0	0	0	
25	Totals (\$):	130,678	0	0	0	0	0	0

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 217,628.88	\$ 234,614.04
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 0	\$ 0
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 217,628.88	\$ 234,614.04

Employer: Township of Ocean

Employee Organization: Police SOA

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>76,368.72</u>	\$ <u>82,385.04</u>
32	Contributions as % of Total Insurance Cost	<u>35.00</u> %	<u>35.00</u> %

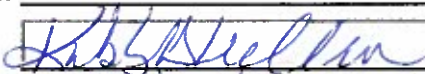
33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Kimberly Williams

Position/Title: HR/Payroll Administrator

Signature: 

Date: 12/26/2024

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

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

Revised 8/2016

**New Jersey Public Employment Relations Commission**  
**POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

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

1 Public Employer: Township of Ocean County: Monmouth  
2 Employee Organization: PBA Local #57 Number of Employees in Unit: 44  
3 Base Year Contract Term: Jan. 1, 2020 - Dec. 31, 2023  
4 New Contract Term: Jan. 1, 2024 - Dec. 31, 2028

**SECTION II: Type of Contract Settlement (please check only one)**

5  Contract settled without neutral assistance  
6  Contract settled with assistance of mediator  
7  Contract settled with assistance of fact-finder  
8  Contract settled in Interest Arbitration  
9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes  No

**SECTION III: Base Salary Calculation**

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10 Salary Costs in base year \$ 4,135,438  
11 Longevity Costs in base year \$ 143,505  
12 Other base year salary costs  
Officer First Class \$ 6,000  
College Degree Program \$ 7,800  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Sum of "Other" Costs Listed in Line 12. \$ 13,800  
13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 4,292,743

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**14 Total Base Salary Cost from Line 13: \$ 4,292,743

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>	<u>1/1/2027</u>	<u>1/1/2028</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>668,625</u>	<u>194,130</u>	<u>194,130</u>	<u>194,130</u>	<u>194,130</u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>90,250</u>	<u>549,939</u>	<u>338,808</u>	<u>333,067</u>	<u>334,483</u>	<u></u>
18 Longevity Increase (\$)	<u>7,259</u>	<u>5,382</u>	<u>5,570</u>	<u>5,765</u>	<u>5,541</u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>41,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>807,134</u>	<u>749,451</u>	<u>538,508</u>	<u>532,962</u>	<u>534,154</u>	<u></u>

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 3,162,209 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 74.00 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 14.80 % [Divide percentage on Line 22 by number of years of the contract]

**SECTION VI: Other Economic Items Outside Base Salary and Increases**

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Special Grants	375,490	0	0	0	0	0	
	Grants	41,040	0	0	0	0	0	
	Health Sellback	31,125	0	0	0	0	0	
	Holiday Sellback	7,811	0	0	0	0	0	
	Sick Sellback	7,839	0	0	0	0	0	
25	<b>Totals (\$):</b>	<b>463,305</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 715,925.16	\$ 772,069.56
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 0	\$ 0
29	Vision Plan Cost	\$ 0	\$ 0
30	<b>Total Cost of Insurance</b>	<b>\$ 715,925.16</b>	<b>\$ 772,069.56</b>

Employer: Township of Ocean

Employee Organization: PBA Local #57

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>209,645.28</u>	\$ <u>256,537.68</u>
32	Contributions as % of Total Insurance Cost	<u>29.00</u> %	<u>33.00</u> %

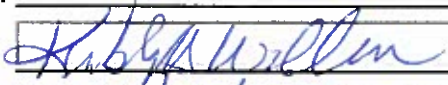
33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

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Print Name: Kimberly Williams

Position/Title: HR/Payroll Administrator

Signature: 

Date: 12/21/2024

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

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