

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: Township of Ocean County: Monmouth
 2 Employee Organization: Local #177 Sanitation Number of Employees in Unit: 11
 3 Base Year Contract Term: Jan 1, 2019 - Dec 31, 2023 New Contract Term: Jan 1, 2024 - Dec 31, 2028

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 settled with assistance of fact-finder
 7 Contract settled with assistance of super-conciliator
 8 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 Year \$ 598,694
 10 Longevity Costs in Base Year \$ 6,800
 11 Total Salary Base \$ 605,494

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)	<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>
13 Cost of Salary Increments (\$)	<u>19,000</u>	<u>22,662</u>	<u>18,565</u>	<u>21,852</u>	<u>12,739</u>
14 Salary Increase Above Increments (\$)	<u>32,806</u>	<u>20,865</u>	<u>22,218</u>	<u>23,490</u>	<u>37,805</u>
15 Longevity Increase (\$)	<u>300</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>950</u>
16 Total \$ Increase (sum of lines 13-15)	<u>52,106</u>	<u>43,527</u>	<u>40,783</u>	<u>45,342</u>	<u>51,494</u>
17 New Salary Base (\$)	<u>657,600</u>	<u>701,127</u>	<u>741,910</u>	<u>787,252</u>	<u>838,746</u>
18 Percentage increase over prior year	<u>8.60</u> %	<u>6.62</u> %	<u>5.82</u> %	<u>6.11</u> %	<u>6.54</u> %

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

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

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Merit Pay	2,000	1,000	0	0	0	0
	Clothing Allowance	3,000	1,400	0	0	0	0
20	Totals(\$):	5,000	2,400	0	0	0	0

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

SECTION VI: Medical Costs


	Base Year	Year 1	
21	Health Plan Cost	\$ 139,054.08	\$ 197,984.28
22	Prescription Plan Cost	\$ 0	\$ 0
23	Dental Plan Cost	\$ 0	\$ 0
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 139,054.08	\$ 197,984.28
26	Employee Insurance Contributions	\$ 25,517.04	\$ 37,425.36
27	Employee Contributions as % of Total Insurance Cost	16.00 %	19.00 %

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: 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

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

Revised 8/2016

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NON-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: Local #701 Roads & Grounds Number of Employees in Unit: 22

3 Base Year Contract Term: Jan 1, 2019 - Dec 31, 2023 New Contract Term: Jan 1, 2024 - Dec 31, 2028

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 settled with assistance of fact-finder

7 Contract settled with assistance of super-conciliator

8 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 Year \$ 1,419,328

10 Longevity Costs in Base Year \$ 17,500

11 Total Salary Base \$ 1,436,828

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)	<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>
13 Cost of Salary Increments (\$)	<u>32,000</u>	<u>35,354</u>	<u>26,906</u>	<u>30,444</u>	<u>56,531</u>
14 Salary Increase Above Increments (\$)	<u>64,186</u>	<u>48,108</u>	<u>51,496</u>	<u>54,397</u>	<u>29,328</u>
15 Longevity Increase (\$)	<u>1,000</u>	<u>1,375</u>	<u>750</u>	<u>625</u>	<u>250</u>
16 Total \$ Increase (sum of lines 13-15)	<u>97,186</u>	<u>84,837</u>	<u>79,152</u>	<u>85,466</u>	<u>86,109</u>
17 New Salary Base (\$)	<u>1,534,014</u>	<u>1,618,851</u>	<u>1,698,003</u>	<u>1,783,469</u>	<u>1,869,578</u>
18 Percentage increase over prior year	<u>6.76</u> %	<u>5.53</u> %	<u>4.89</u> %	<u>5.03</u> %	<u>4.83</u> %

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

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

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Merit Pay	71,000	2,150	0	0	0	0
	Clothing Allowance	3,800	3,100	0	0	0	0
20	Totals(\$):	10,900	5,250	0	0	0	0

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

SECTION VI: Medical Costs


		Base Year	Year 1
21	Health Plan Cost	\$ 515,575.92	\$ 451,920.48
22	Prescription Plan Cost	\$ 0	\$ 0
23	Dental Plan Cost	\$ 0	\$ 0
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 515,575.92	\$ 451,920.48
26	Employee Insurance Contributions	\$ 102,543.84	\$ 93,649.44
27	Employee Contributions as % of Total Insurance Cost	20.00 %	21.00 %

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: 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

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