#### Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 11 2020 thru 12 31 23.

Employer: TOWNSHIP OF WASHINGTON

County: Gloucester

Date: 10/21/2022

Name: COLETTE BACHICH

Print Name

Title: CFO/INTERIM BUSINESS ADMINISTRATOR

Signature

# New Jersey Public Employment Relations Commission POLICE AND FIRE

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #		
	<b>SECTION I: Parties and Term of Contracts</b>	
1	Public Employer: TOWNSHIP OF WASHINGTON	County: GLOUCESTER
2	Employee Organization: PBA LOCAL 318 PATROL	Number of Employees in Unit: 60
3	Base Year Contract Term: JAN 1, 2016 - DEC 31, 2019	
4	New Contract Term: JAN 1, 2020 - DEC 31, 2023	
-	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 Arbitr	ator issue an Award? Yes No No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	pired agreement.
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Bas	e salary' means the salary provided pursuant to a salary guide ement, including any amount for longevity or length of service.
10	Salary Costs in base year	\$ 4,386,556
11	Longevity Costs in base year	<b>\$</b> 0
12	Other base year salary costs	Y
	\$	
	\$	
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	Sum of "Other" Costs Listed in Line 12.	<b>\$</b> 0
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	<b>\$</b> 4,386,556

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

Total Base Salary Cost from Line 13: 14

\$ 4,386,556

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	01/01/2020	01/01/2021	01/01/2022	01/01/2023		
16	Cost of Salary Increments (\$)	245,745	240,765	250,857	250,797		
17	Salary Increase Above Increments (\$)	0	0	0	0		
18	Longevity Increase (\$)	0	0	0	0		
19	Total Increased Cost for "Other" Items (\$)	0	0	0	0		
20	Total Increase (\$) (sum of lines 16-19)	245,745	240,765	250,857	250,797		

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

21	Dollar Increase Over Life of Contract	988,164	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contract	22.53	% [Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	5.63	% [Divide percentage on Line 22 by number of years of
			the contract]

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

4	ncreases-	4

				2.0	icreases		
Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
HOLIDAY PAY	50,000	0	0	0	0		
SHIFT DIFFERENTIAL	24,000	0	0	0	0		
COLLEGE INCENTIVE PAY	30,000	0	0	0	0		
CLOTHING ALLOWANCE	18,000	0	О	0	О		
ON CALL PAY	12,000	0	0	0	0		
SICK BUY BACK	75,000	Ō	0	О	О	<u> </u>	
Totals (\$):	209,000	0	0	0	0		
	Description HOLIDAY PAY SHIFT DIFFERENTIAL  COLLEGE INCENTIVE PAY CLOTHING ALLOWANCE  ON CALL PAY SICK BUY BACK	Description Cost (\$) HOLIDAY PAY 50,000  SHIFT DIFFERENTIAL 24,000  COLLEGE INCENTIVE PAY 30,000  CLOTHING ALLOWANCE 18,000  ON CALL PAY 12,000  SICK BUY BACK 75,000	Description   Cost (\$)	Description   Cost (\$)	Note	Description   Cost (\$)	HOLIDAY PAY   50,000   0   0   0   0   0   0   0   0

#### SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 1,245,975	\$ 1,201,540
27	Prescription Plan Cost	s 238,913	\$ 216,694
28	Dental Plan Cost	s 66,000	\$ 66,000
29	Vision Plan Cost	\$ 0	<b>\$</b> 0
30	Total Cost of Insurance	\$ 1,550,888	\$ 1,484,234

Page 3 of 4 (complete all pages)

Emp	loyer: TOWNSHIP OF WASHINGTON	Employee Organization: PBA LOCAL 318 PATROL Page 4			
SECT	TION VII: Medical Costs (continued)			rage 4	
31	Employee Insurance Contributions	\$ 328,057	\$ 336,500		
32	Contributions as % of Total Insurance Cost	21.15 %	22.67_%		
33 NO	Identify any insurance changes that were	included in this CNA			
34	SECTION VIII: Certification and Signature The undersigned certifies that the foregon of the undersigned certifies the undersigned certifie	oing figures are true	7. <u>1</u>		
	Date: 10/21/2022	70			
	Send this completed and signed form al certification form to: contracts@perc.s	ong with an electro	nic copy of the contract and t	he signed	
	NJ Public Employment Relations Commis Conciliation and Arbitration PO Box 429	sion			
	Trenton, NJ 08625				

Revised 8/2016

Phone: 609-292-9898