New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

		and remit of C	Ontracts			
	Public Employer: Borough of Glassboro Employee Organization: Mechanics United Food & Commercial Workers Union Local 1960 Base Year Contract Term: Jan 1, 2013 - Dec 31, 2016			County: Gloud	cester	
				Number of Employees in Unit: 5 New Contract Term: Jan 1, 2017 - Dec 31, 2021		
			lement (please che	eck only one)		
		ettled without neu ettled with assistar				
		ttled with assistar				
			ce of super-conciliate			
	If contract was settle	ed in fact-finding,	did the fact-finder iss	or ue a report with red	commendations?	
	SECTION III: Salary	v Base				
	The salary base is the					
	the parties negotiate	the salary increas	the final year of the	expired or expiring	agreement. This is	the base cost from v
	the parties negotiate Salary Costs in Base N		the final year of the ses. \$366,974	expired or expiring	agreement. This is	the base cost from v
		⁄ear		expired or expiring	agreement. This is	the base cost from v
	Salary Costs in Base \	⁄ear	\$ 366,974	expired or expiring	agreement. This is	the base cost from v
	Salary Costs in Base \ Longevity Costs in Ba	rear se Year Increases for Ea	\$ 366,974 \$ 366,974 ach Year of New Ag		agreement. This is	the base cost from v
. Ef	Salary Costs in Base N Longevity Costs in Ba Total Salary Base SECTION IV: Salary	Year Increases for Ea	\$ 366,974 \$ 366,974 ach Year of New Ag	reement* Year 3	Year 4	the base cost from v
Ef	Salary Costs in Base N Longevity Costs in Ba Total Salary Base SECTION IV: Salary fective Date nonth/day/year)	rear Increases for Ea Year 1 1/1/17	\$ 366,974 \$ 366,974 ach Year of New Ag	reement*		
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Eff (m Co Inc Sa Inc	Salary Costs in Base \ Longevity Costs in Base Total Salary Base SECTION IV: Salary fective Date nonth/day/year) ost of Salary crements (\$) llary Increase Above	r Increases for Early 1/1/17	\$ 366,974 \$ 366,974 ach Year of New Ag Year 2 1/1/18 11,482	reement* Year 3 1/1/19 7,779	Year 4 1/1/20 7,925	Year 5 1/1/21 10,130
Eff (m Co Inc Sa Inc Lo	Salary Costs in Base \ Longevity Costs in Base Total Salary Base SECTION IV: Salary fective Date nonth/day/year) ost of Salary crements (\$) lary Increase Above crements (\$) ngevity Increase (\$) tal \$ Increase	/ear se Year /Increases for Ea Year 1 1/1/17 10,358	\$ 366,974 \$ 366,974 ach Year of New Ag Year 2 1/1/18 11,482	reement* Year 3 1/1/19	Year 4 1/1/20 7,925	Year 5 1/1/21 10,130
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1.2 Eff (mr. 3.3 Co. Inc. 4 Sa Inc. 5 Lo (su 7 Ne 8 Per	Salary Costs in Base \(\) Longevity Costs in Base Total Salary Base SECTION IV: Salary fective Date nonth/day/year) ost of Salary crements (\$) lary Increase Above crements (\$) ngevity Increase (\$) ital \$ Increase um of lines 13-15)	/ear se Year /Increases for Ea Year 1 1/1/17 10,358 0	\$ 366,974 \$ 366,974 ach Year of New Ag Year 2 1/1/18 11,482	reement* Year 3 1/1/19 7,779	Year 4 1/1/20 7,925	Year 5 1/1/21 10,130

*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*

Base Year Cost (\$)	Year 1 Increase (\$)	Year 2	Year 3	Year 4	Year 5
1,500	0	0	0	0	Increase (\$
2,750	500	0	0	0	
1,250	0	0	0		0
5,500	500				
	Cost (\$) 1,500 2,750 1,250	Cost (\$) Increase (\$) 1,500 2,750 500 1,250 0	Cost (\$)	Cost (\$) Increase	Cost (\$)

^{*}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	\$ 160,409	\$ 138,017
22	Prescription Plan Cost	\$	s
23	Dental Plan Cost	\$	s
24	Vision Plan Cost	\$ 1,037	\$842
25	Total Cost of Insurance	\$ 161,446	\$ 138,859
26	Employee Insurance Contributions	\$ 36,780	\$ 31,555
27	Employee Contributions as % of Total Insurance Cost	23	_% 23 %

		f Glassboro	Employee Organization:	Mechanics United Food & Commercial Workers Union Local 1360	Page
Secti	on VI: Medical C	Costs (continued)			
28	Identify any i	nsurance changes that w	rere included in this CNA.		
29	SECTION VII: Of The undersigned Print Name: Position/Title: Signature: Date:	Certification and Signated certifies that the fore	egoing figures are true:		
	Send this comp form to: contra	leted and signed form	along with an electronic copy	of the contract and the signed certifi	cation
	Conciliation and PO Box 429 Trenton, NJ 0862	25	ission		
	Phone: 609-292	-9898		Revised 8/2016	