New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	•							
	SECTION I: Parties	and Term of Contr	acts	No. 20 To Control of the Control of				
1	Public Employer: Tov	vnship of Manalap	an	County: Monmouth				
2	Employee Organizatio	n: AFSCME 1236		Number of Employees in Unit: 38				
3	Base Year Contract Te	rm: 1/1/2012 - 12	1/21/2015	New Contract Term: 1/1/2016 - 12/31/2019				
	SECTION II: Type of Contract Settlement (please check only one)							
4	Contract settled without neutral assistance							
5	Contract settled with assistance of mediator							
6								
0	Contract settled with assistance of fact-finder							
7	Contract settled with assistance of super-conciliator							
8	If contract was settled	I in fact-finding, did t	the fact-finder issue	a report with recomr	nendations?			
	Yes No							
	SECTION III: Salary							
	The salary base is the the parties negotiate t		e final year of the ex	pired or expiring agre	eement. This is the b	oase cost from which		
9	Salary Costs in Base Ye	ear	\$ 1,643,401					
10	Longevity Costs in Base Year \$		\$ 74,272					
11	Total Salary Base	, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$ 1,717,673	1				
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*				
12	Effective Date	Year 1	Year 2	Year 3 1/1/2018	Year 4 1/1/2019	Year 5		
	(month/day/year)	1/1/2016	1/1/2017	1	<u> </u>			
	Cost of Salary Increments (\$)	-149,311	33,029	40,842	34,112			
	Salary Increase Above Increments (\$)	0	0	0	0			
	Longevity Increase (\$)	-11,800	0	2000	0			
	Total \$ Increase (sum of lines 13-15)	-161,111	33,029	42,842	34,112			
	New Salary Base (\$)	1,482,290	1,527,119	1,567,961	1,602,073			
	Percentage increase over prior year	-9.86 %	2.23 %	2.81 %	2.18 %	<u></u> %		
	*If contract duration i	s longer than five ve	ars inlease add an ai	dditional page				

Employer: Township of Manalapan			Employee Organization: AFSCME 1236				
	SECTION V: Increa		Contractual Econ	omic Items or N	Newly Added Ec	onomic Items*	***************************************
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	<i>Year 2</i> Increase (\$)	<i>Year 3</i> Increase (\$)	<i>Year 4</i> Increase (\$)	<i>Year 5</i> Increase (\$)
	Sick Incentive	18,700	-3,850	19,850	0	0	
				The second control of			
20	Totals(\$): *If contract duration	l n is longer than j	five years, please a	l add an additional	page.	<u>.</u>]	<u> </u>
	SECTION VI: Med	ical Costs					A
21	Health Plan Cost			Base Yea \$\s\sigm534,14		379	
22	Prescription Plan Co	st		\$ <mark>0</mark>	\$ 0		
23	Dental Plan Cost			\$ 31,84		31	
24	Vision Plan Cost			\$ <mark> 0</mark>	\$ <mark>0</mark>		
25	Total Cost of Insura	nce		\$ 565,9			
26	Employee Insurance Contributions			\$\frac{72,09}{12.74}		J4 	
27	Employee Contributions as % of Total Insurance Cost				_% 13.14	%	

Page 2 of 3 (complete all pages)

Employ	yer: Township of	Manalapan	Employee Organization:	AFSCME 1236	Page 3		
Sectio	n VI: Medical Co	osts (continued)					
28	Identify any insurance changes that were included in this CNA.						
		·					
		Certification and Signature					
29	The undersigne	ed certifies that the forego	oing figures are true:				
	Print Name:	Tara L. Lovrich					
	Position/Title:	Township Administrato	r				
	Signature:	Tara d. Lov	id				
	Date:	10-05-201	1				
			ong with an electronic co	py of the contract and the si	gned certification		
	form to: contr	acts@perc.state.nj.us					
	AAAAA						
	NJ Public Empl	oyment Relations Commis	ssion				

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016