New Jersey Public Employment Relations Commission <u>NON-POLICE AND FIRE</u> <u>COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM</u>

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer:			County:				
2	Employee Organization:			Number of Employees in Unit:				
3	Base Year Contract Term:			New Contract Term:				
	SECTION II: Type of	Contract Settlem	ent (please che	eck only one)				
4	Contract sett	Contract settled without neutral assistance						
5	Contract settl	Contract settled with assistance of mediator						
6	Contract settl	Contract settled with assistance of fact-finder						
7	Contract settled with assistance of super-conciliator							
8	If contract was settled	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 orthe the parties negotiate t			e expired or expir	ring agreeme	ent. This is the b	ase cost from wh	nich
9	Salary Costs in Base Ye	ear	\$					
10	Longevity Costs in Base Year \$		\$					
11	Total Salary Base		\$		_			
	SECTION IV: Salary	Increases for Each	n Year of New	Agreement*				
		Year 1	Year 2	Year 3	Yea	ar 4	Year 5	
12	Effective Date (month/day/year)							
13	Cost of Salary							_
	Increments (\$)			_				_
14	Salary Increase Above Increments (\$)							
15	Longevity Increase (\$)							
16	Total \$ Increase							=
	(sum of lines 13-15)		I				I	
17	New Salary Base (\$)							
18	Percentage increase over prior year	%		%	%	%		%

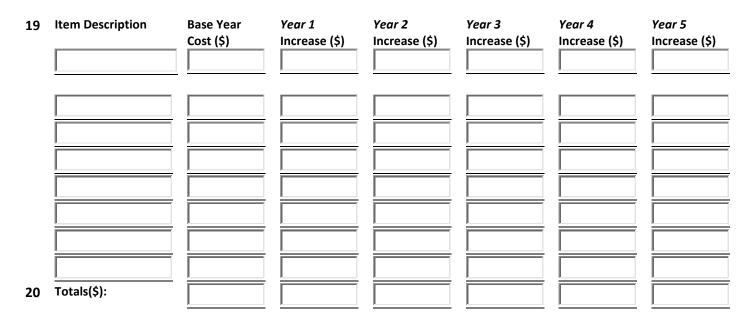
*If contract duration is longer than five years, please add an additional page.

Employer:

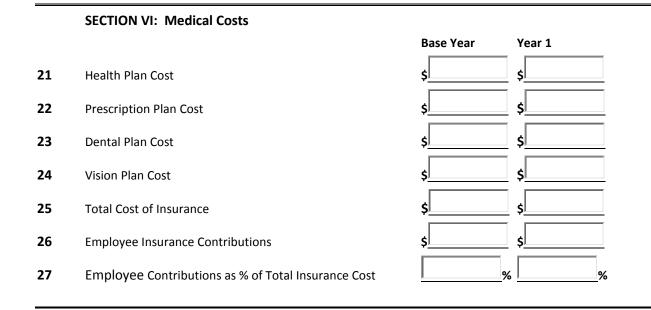
Employee Organization:

Page 2

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



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



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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:	
Position/Title:	
Signature:	
Date:	

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <u>contracts@perc.state.nj.us</u>

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

Revised 8/2016

Employer:

South Monmouth Regional Sewerage Authority

Employee Organization:

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:	Bernard J. Bujak
Position/Title:	Director of Human Resources
Signature:	pl 1
Date:	06/17/2020

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <u>contracts@perc.state.nj.us</u>

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