## 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:	То	wnship of Low	/er		(	County:	Cape May County			
2	Employee Organization: Lower Township Te			eam	amsters Union Number of Em			nployees in Unit:		40	
3	Base Year Contract Term:	1/1/2020 - 12/31/2023			New Contract Term:			1/1/2024 - 12/31/2026			
4 5 6 7 8	SECTION II: Type of Contract Settlement (please check only one)  X Contract settled without neutral assistance Contract settled with assistance of mediator Contract settled with assistance of fact-finder Contract settled with assistance of super-conciliator If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  Yes No										
9 10 11	SECTION III: Salary Base The salary base is the cost of salarie the parties negotiate the salary incre Salary Costs in Base Year Longevity Costs in Base Yea Total Salary Base	eases		\$	2,140,437.35 - 2,140,437.35	greer	ment. This is the I	base cost from which			
	SECTION IV: Salary Increases for Each year of New Agreement*										
	Î	Yea	ar 1	Ye	ar 2	Yea	ar 3	Year 4	1		
12	Effective Date (month/day/year)		1/1/2024		1/1/2025		1/1/2026		-		
	Cost of Salary Increments (\$) Salary Increase Above Increments	\$	140,110.22	\$	103,600.07	\$	107,580.07				
	(\$)	\$	+	\$	-	\$	•	\$ -			
15	Longevity Increase (\$)	\$	_	\$	_	\$	-	\$ -			

140,110.22

6.55%

\$ 2,280,547.57

New Salary Base (\$)

16

17

18

Total \$ Increase (sum of lines 13-

Percentage increase over prior

103,600.07

4.54%

\$ 2,384,147.64

107,580.07

4.51%

\$ 2,491,727.71

0.00%

\$ 2,491,727.71

<sup>\*</sup>If conract duration is longer than five years, please add an additional page.

		1 -									
Employer:	Township of Lower	Employee Organization:	Lower Township Teamsters Union Page 3								
SECTION VI:	Medical Costs (continued	1)									
28	Identify any insurance changes that were included in this C.N.A.										
ı	The Township authorized changing to a lower cost health care plan with higher co-pays and deductibles. The Township also authorized the usage of a difference card to cover the increased out-of-pocket costs for employees.										
	SECTION VII: Certification and Signature										
29	The undersigned certifies that the foregoing figures are true:										
	Print Name:	Lauren Read									
	Position / Title:	CFO, Township of Low	er								
	Signature:	Jan 62									
	Date:	8/9/2024									
	Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>										
	NJ Public Employment Relations Commission										
	Conciliation and Arbitration										
	PO Box 429										
	Trenton, NJ 08625										
	Phone: 609-292-9898		Revised 8/2016								

## 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 negotiations agreement for the term beginning <a href="https://document.com/1/1/2024">1/1/2024</a> through 12/31/2026

Signature:

Employer:	Township of Lower	
County:	Cape May County	
Date:	8/9/2024	
Name:	Lauren Read Print Name	
Title:	CFO, Township of Lower	