

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: <u>City of Ocean City</u>	County: <u>Cape May</u>
2	Employee Organization: <u>CWA Local 1032</u>	Number of Employees in Unit: _____
3	Base Year Contract Term: _____	New Contract Term: <u>5 years</u>

SECTION II: Type of Contract Settlement (please check only one)

4	<input checked="" type="checkbox"/>	Contract settled without neutral assistance
5	<input type="checkbox"/>	Contract settled with assistance of mediator
6	<input type="checkbox"/>	Contract settled with assistance of fact-finder
7	<input type="checkbox"/>	Contract settled with assistance of super-conciliator
8	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ _____
10	Longevity Costs in Base Year	\$ _____
11	Total Salary Base	\$ _____

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>	<u>2027</u>
13 Cost of Salary Increments (\$)	<u>3%</u>	<u>3%</u>	<u>3%</u>	<u>3%</u>	<u>3%</u>
14 Salary Increase Above Increments (\$)	_____	_____	_____	_____	_____
15 Longevity Increase (\$)	_____	_____	_____	_____	_____
16 Total \$ Increase (sum of lines 13-15)	_____	_____	_____	_____	_____
17 New Salary Base (\$)	_____	_____	_____	_____	_____
18 Percentage increase over prior year	_____ %	_____ %	_____ %	_____ %	_____ %

**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*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

**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	\$ <input type="text"/>	\$ <input type="text"/>
22 Prescription Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
23 Dental Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
24 Vision Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
25 Total Cost of Insurance	\$ <input type="text"/>	\$ <input type="text"/>
26 Employee Insurance Contributions	\$ <input type="text"/>	\$ <input type="text"/>
27 Employee Contributions as % of Total Insurance Cost	<input type="text"/> %	<input type="text"/> %

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: contracts@perc.state.nj.us

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

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