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: Cr | Public Employer: Cranford Board of Education | | County: Union | | | |
| 2 | Employee Organization | Employee Organization: Cranford Education Association | | Number of Employees in Unit: | | | |
| 3 | Base Year Contract To | July 1, 2018-Ju | ne 30, 2021 | New Contract Term: July 1, 2021-June 30, 2024 | | | |
| | SECTION II: Type o | f Contract Settlem | ent (please check | only one) | | | |
| 4 | Contract set | tled without neutral | assistance | | | | |
| 5 | Contract set | tled with assistance | of mediator | | | | |
| 6 | Contract set | tled with assistance | of fact-finder | | | | |
| 7 | Contract sett | :led with assistance o | of super-conciliator | | | | |
| 8 | If contract was settle | | - | a report with recomi | mendations? | | |
| | Yes No | | | | | | |
| | SECTION III: Salary | Base | | | | | |
| | The salary base is the the parties negotiate | | | pired or expiring agr | eement. This is the | base cost from which | |
| 9 | Salary Costs in Base Y | 32 342 270 00 | | | | | |
| 10 | Longevity Costs in Bas | Longevity Costs in Base Year \$ 95,866.00 | | | | | |
| 11 | Total Salary Base | Total Salary Base \$32,438,14 | | 5.00 | | | |
| | SECTION IV: Salary | Increases for Each | Year of New Agre | ement* | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | |
| 12 | Effective Date (month/day/year) | 7/1/2018 | 7/1/2019 | 7/1/2020 | | | |
| 13 | Cost of Salary Increments (\$) | 672,000.00 | 678,790.00 | 684,414.00 | | 2 | |
| 14 | Salary Increase Above Increments (\$) | 233,392.00 | 321,623.00 | 343,029.00 | | | |
| 15 | Longevity Increase (\$) | 2,876.00 | 66,672.00 | 4,962.00 | | | |
| 16 | Total \$ Increase (sum of lines 13-15) | 908,268.00 | 1,067,085.00 | 1,032,405.00 | | | |
| 17 | New Salary Base (\$) | 33,346,413.0 | 34,413,498.0 | 35,445,903,0 | | | |
| 18 | Percentage increase over prior year | 2.80 % | 3.20 % | 3.00 % | <u></u> % | % | |
| | *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 | \$ 12,584,752.00 \$ | |
| 22 | Prescription Plan Cost | ş 00 ş | |
| 23 | Dental Plan Cost | \$ 602,656.00 \$ | |
| 24 | Vision Plan Cost | \$ 73,476.00 \$ | |
| 25 | Total Cost of Insurance | \$ 13,260,884.00 | |
| 26 | Employee Insurance Contributions | \$ 2,256,983.00 \$ | |
| 27 | Employee Contributions as % of Total Insurance Cost | 17.02 % | |
| | | | |

Page 2 of 3 (complete all pages)

| Employ | _{/er:} Cranford [| Board of Education | Employee Organization: | Cranford Education Association | - _ Page 3 |
|----------------|----------------------------------|--|--|--|---------------|
| Sectio | n VI: Medical C | osts (continued) | | | |
| 28 | Identify any i | nsurance changes that were in | ncluded in this CNA. | | |
| Effect bear | tive January 100% of the o | 1, 2020 all faculty/staff s difference in cost betwe | shall be placed in No en NJ Direct 10 and | J Direct15; if not the employee s I NJ Direct 15. | shall |
| | | | | | đ |
| | | | | | |
| 29 | | Certification and Signature ed certifies that the foregoin | ng figures are true: | * | |
| | Print Name: | Robert Carfagno, CP | A, RMA, PSA | | |
| | Position/Title: | Business Administrate | or/Board Secretary | | |
| | Signature: | Thatis Color | , CR8 | ž | |
| | Date: | November 24, 2020 | | | |
| | Send this com | pleted and signed form alor | ag with an electronic co | any of the contract and the signed see | |
| | Send this comp form to: contr | pleted and signed form alor acts@perc.state.nj.us | ng with an electronic co | py of the contract and the signed cer | tifi |

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