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

- 1	-	^	#

SECTION I: Parties and Term of Contracts

1	Public Employer:	Township of Lower	County:	Cape May Co	unty	1
2	Employee Organization:	Lower Township Recreation Aides	Number of	Employees in L	J <u>nit:</u>	11
3	Base Year Contract Term:	1/1/2017 - 12/31/2020	New Contra	act Term:	1/1/2021 -	12/31/2024
4 5 6 7 8	Contract settled with assistance of mediator Contract settled with assistance of fact-finder Contract settled with assistance of super-conciliator					
9 10 11	the parties negotiate the salary inc Salary Costs in Base Year Longevity Costs in Base Year Total Salary Base	\$114,343.90		This is the base o	cost from whic	1
	SECTION IV. Salary Increa	iscs for Lacif year of New Ag	Centent			

		Yea	ar 1	Ye	ar 2	Yea	ar 3	Ye	ar 4
12	Effective Date (month/day/year)		1/1/2021		1/1/2022		1/1/2023		1/1/2024
13	Cost of Salary Increments (\$)	\$	8,759.00	\$	7,007.20	\$	7,007.20	\$	7,007.20
14	Salary Increase Above Increments (\$)	\$	=	\$	-	\$:	\$	-
15	Longevity Increase (\$)	\$	-	\$	-	\$		\$	-
16	Total \$ Increase (sum of lines 13-15)	\$	8,759.00	\$	7,007.20	\$	7,007.20	\$	7,007.20
17	New Salary Base (\$)	\$1	23,102.90	\$ 1	30,110.10	\$1	37,117.30	\$ 1	44,124.50
18	Percentage increase over prior year		7.66%		5.69%	1000	5.39%		5.11%

^{*}If conract 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 (\$)
	N/A					
20	Totals (\$): *If conract duration is longer to	\$ -	\$ -	\$ -	\$ -	\$ -
	SECTION VI: Medical Co	osts - N/A		Base Year	Year 1	
21	Health Plan Cost					
22	Prescription Plan Cost					
23	Dental Plan Cost					
24	Vision Plan Cost					
25	Total Cost of Insurance					
26	Employee Insurance Co	ontributions			2/	

Employee Contributions as % of Total Insurance Cost

27

Employer:	Township of Lower	Employee Organization: Lower Township Recreation Aides Pa	age 3		
SECTION VI:	Medical Costs (continued	1)			
28	Identify any insurance changes that were included in this C.N.A.				
	N/A				
	SECTION VII: Certificati	ion and Signature			
29	The undersigned certifies that the foregoing figures are true:				
	Print Name:	Lauren Read			
	Position / Title:	CFO, Township of Lower			
	Signature:				
	Date:	1/31/2022			
	Send this completed and si form to: contracts@perc.sta	gned form along with an electronic copy of the contract and the signed certificate.nj.us	ation		

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 1/1/2021 through 1/2/2021

Employer:	Township of Lower					
County:	Cape May County					
Date:	1/31/2022					
Name:	Lauren Read Print Name					
Title:	CFO, Township of Lower					
Signature:	· · · · · · · · · · · · · · · · · · ·					