## 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: De	Public Employer: Demarest Board of Education		County: Bergen			
2	Employee Organizatio	Employee Organization: Demarest Custodial Association		Number of Employees in Unit: 10			
3	Base Year Contract Te	Base Year Contract Term: 07/01/2017		New Contract Term: 3 years			
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)			
4	Contract set	Contract settled without neutral assistance					
5	Contract set	Contract settled with assistance of mediator					
6	Contract set	Contract settled with assistance of fact-finder					
7	Contract sett	Contract settled with assistance of super-conciliator					
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recomi	mendations?		
	Yes No No						
	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 \$\\ 366,945						
10	Longevity Costs in Base Year		\$ 10,000				
11	Total Salary Base		\$ 376,945				
	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)	07/01/2017	07/01/2018	07/01/2019	N/A	N/A	
13	Cost of Salary Increments (\$)	4,073	8,407	6,872	0	0	
14	Salary Increase Above Increments (\$)	8,770	4,886	6,886	0	0	
15	Longevity Increase (\$)	0	0	0	0	0	
16	Total \$ Increase (sum of lines 13-15)	12,843	13,293	13,758	0	0	
17	New Salary Base (\$)	389,788	403,081	416,839	0	0	
18	Percentage increase over prior year	3.41 %	3.41 %	3.41 %	%	%	

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

19	Item Description  After school bus driving stipend/per trip	Base Year Cost (\$)	Year 1 Increase (\$) 25	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
			Table Value				
		THE CONTRACT OF THE CONTRACT O					
20	Totals(\$):	75	25	0	0	0	0

<sup>\*</sup>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	\$ 201,651 \$ 22	27,893
22	Prescription Plan Cost	\$ 0 \$ 0	
23	Dental Plan Cost	ş 9,490 ş 10	),325
24	Vision Plan Cost	\$ 0 \$ 0	
25	Total Cost of Insurance	\$\begin{align*} 211,141 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	38,218
26	Employee Insurance Contributions	ş 14,933 ş 16	5,876
27	Employee Contributions as % of Total Insurance Cost	7.07 % 7.0	8

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Employer: Demarest Board of Education	Employee Organization: Demarest Custodial Association	Page 3

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

A non-pensionable stipend will be given to DEA members contributing to the health insurance under Ch 78. This stipend is scaled based on the employees years of service in the district as follows:

Years 0-5 \$65; Years 6-14 \$165; Years 15 and greater \$415.

## **SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: THOMAS J. PEREZ

Position/Title: SBA/BS

Signature: 1/17/18

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

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