# AFSCME CONCIL 63 - LOCAL 3303A (LABORERS)

#### Certification

Employer: TOWNSHIP OF WASHINGTON

County: Gloucester

Date: 10/21/2022

Name: COLETTE BACHICH

Print Name

Title: CFO / INTERIM BUSINESS ADMINISTRATOR

Signature

### New Jersey Public Employment Relations Commission **NON-POLICE AND FIRE**

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line				ALLINEIVI SOIVIIVI	ANTIONI		
	SECTION I: Parties	s and Term of Con	tracts				
1	Public Employer: To	OWNSHIP OF WA	SHINGTON	County: GLOUCESTER			
2	Employee Organizat	ion: AFSCME COUNCI	L 63 LOCAL 3303A	Number of Employees in Unit: 34  New Contract Term: JAN 1, 2020 - DEC 31, 2025			
3	Base Year Contract T	erm: JAN 1, 2016 -	DEC 31, 2019				
	SECTION II: Type of	of Contract Settler	nent (please checl	k only one)			
4	Contract se	ttled without neutra	al assistance				
5		ttled with assistance					
6	Contract set	tled with assistance	of fact-finder				
7			of super-conciliator				
8	If contract was settle	d in fact-finding, did	the fact-finder issue	a report with recon	nmendations?		
	Yes No						
	SECTION III: Salary		· · · · · · · · · · · · · · · · · · ·				
	The salary base is the the parties negotiate	cost of salaries in the	ne final year of the e	xpired or expiring ag	reement. This is the	base cost from which	
9	Salary Costs in Base Y		s 2,037,256				
10	Longevity Costs in Ba	se Year	<b>\$</b>  0				
11	Total Salary Base		\$ 2,037,256				
	SECTION IV: Salary	Increases for Eac	h Year of New Agr	eement*			
12	Effective Date	Year 1	Year 2	Year 3	Year 4	Year 5	
57.6	(month/day/year)	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024	
13	Cost of Salary Increments (\$)	84,008	78,170	75,557	77,667	80,112	
14	Salary Increase Above Increments (\$)	0	0	0	О	0	
15	Longevity Increase (\$)	0	0	0	O	0	
16	Total \$ Increase (sum of lines 13-15)	84,008	78,170	75,557	77,667	80,112	
17	New Salary Base (\$)	2,121,264	2,199,434	2,274,991	2,352,265	2,432,770	
18	Percentage increase over prior year	4.12 %	3.69 %	3.44 %	3.41 %	3.41 %	
						3	

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

#### New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

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	SECTION I: Partie:	s and Term of Con	tracts					
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	SECTION II: Type	of Contract Settler	nent (please che	ck only one)				
4	Contract se	ttled without neutra	al assistance					
5	Contract se	ttled with assistance	of mediator					
6								
		ttled with assistance						
7		tled with assistance						
8	If contract was settle	d in fact-finding, did	I the fact-finder iss	ue a report with reco	nmendations?			
	SECTION III: Salary	/ Base						
	The salary base is the the parties negotiate	e cost of salaries in the the salary increases	he final year of the i.	expired or expiring a	greement. This is the	a base cost from which		
9	Salary Costs in Base Y	'ear	\$ 2,037,256					
10	Longevity Costs in Ba	se Year	\$ 0					
11	Total Salary Base		\$ 2,037,256					
	SECTION IV: Salary	Increases for Each	h Year of New A	reement*				
22	P	Year 6						
12	Effective Date (month/day/year)	01/01/2025						
13	Cost of Salary Increments (\$)	82,246						
14	Salary Increase Above	0						
15	Increments (\$) Longevity Increase (\$)	0						
16	Total \$ Increase	82,246						
17	(sum of lines 13-15) New Salary Base (\$)	2,515,016						
18	Percentage increase over prior year	3.38 %	9	%	%	%		
	*If contract duration i		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				

# SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	<i>Year 2</i> Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	CLOTHING ALLOWANCE	25,750	О	0	0	0	0
	HRA PAYMENT	13,700	0	0	0	0	0
			•				11 1 4 Frag 102 at the state of
		Name of the second					
20	Totals(\$):	39,450	0	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	\$ 689,718	\$ 665,121
22	Prescription Plan Cost	\$ 132,252	\$ 119,952
23	Dental Plan Cost	\$ 37,400	\$ 37,400
24	Vision Plan Cost	\$ 0	\$ <sup>0</sup>
25	Total Cost of Insurance	\$ 859,370	\$ 822,473
26	Employee Insurance Contributions	ş 155,715	\$ 152,547
27	Employee Contributions as % of Total Insurance Cost	18.1	<sub>%</sub> 18.5 %

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26	Employee Insurance Contributions	\$ 155,715	\$ 152,547
27	Employee Contributions as % of Total Insurance Cost	18.1	<sub>%</sub> 18.5 <sub>%</sub>

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