New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line f	ŧ							
	SECTION I: Parties a	and Term of Contr	acts					
1	Public Employer: Camden County College			County: Camden				
2	Employee Organization: Faculty Association		ation	Number of Employees in Unit:				
3	Base Year Contract Term: July 1, 2013 - June 30, 2017			New Contract Term: July 1, 2017 - June 30, 2021				
	SECTION II: Type of	Contract Settleme	ent (please check o	only one)				
4	Contract settled without neutral assistance							
5	Contract settled with assistance of mediator							
6	Contract settled with assistance of fact-finder							
7	Contract settled with assistance of super-conciliator							
8	If contract was settled	in fact-finding, did t	the fact-finder issue	a report with recomn	nendations?			
	Yes 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 Ye	ry Costs in Base Year \$ 9,011,574						
10	Longevity Costs in Base Year \$							
11	Total Salary Base		s 9,011,574					
	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)	7/1/2017	7/1/2018	7/1/2019	7/1/2020			
13	Cost of Salary Increments (\$)	130,900	138,600	195,629	204,487			
14	Salary Increase Above Increments (\$)							
15	Longevity Increase (\$)) 1 2 3					
16	Total \$ Increase (sum of lines 13-15)	130,900	138,600	195,629	204,487			
17	New Salary Base (\$)	9,142,474	9,281,074	9,476,703	9,681,190			
18	Percentage increase over prior year	* %	** %	2.35 %	2.40 %	<u>%</u>		
	,	* \$1,700 retro	** \$1,800 retro					
	*If contract duration i	s longer than five ye	ars, please add an ac	lditional page.				

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 2,023,503.36	\$ 2,154,303.10
22	Prescription Plan Cost	\$ 553,917.00	\$ 599,979.72
23	Dental Plan Cost	\$\begin{align*} 11,233.68	\$ 11,233.68
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 2,588,654.04	\$ 2,767,516.50
26	Employee Insurance Contributions	\$ 649,717.92	\$ 691,216.67
27	Employee Contributions as % of Total Insurance Cost	3.98	4.00 %

Page 2 of 3 (complete all pages)

Employ	(er.)	unty College	_ Employee Organization:	Faculty Association	Page 3
Sectio	n VI: Medical Co	sts (continued)			
28 N/A	Identify any in	surance changes that were	included in this CNA.		
29		ertification and Signature d certifies that the forego	•		
	Print Name:	Kathleen M. Kane			
	Position/Title:	Executive Director for I	Human Resources		
	Signature:	Karelle m.	Kul.		
	Date:	June 19, 2019			
		leted and signed form al acts@perc.state.nj.us	ong with an electronic co	py of the contract and the	signed certification

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016