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: Tov	Public Employer: Township of Saddle Brook		County: Bergen				
2	Employee Organization: IBT 560			Number of Employees in Unit: 27				
3	Base Year Contract Te	Base Year Contract Term:			New Contract Term:			
	SECTION II: Type of	Contract Settleme	ent (please check o	only one)				
4	Contract sett	Contract settled without neutral assistance						
5	Contract sett	Contract settled with assistance of mediator						
6	Contract sett	Contract settled with assistance of fact-finder						
7	Contract settl	Contract settled with assistance of super-conciliator						
8			•	a report with recomn	nendations?			
	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? 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 Ye	n Base Year \$ 1,131		409.80				
10	Longevity Costs in Base Year \$		\$					
11	Total Salary Base		\$ 1,131,400	T . 80				
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*	23			
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	01/01/2016	01/01/2017	01/01/2018	01/01/2019			
13	Cost of Salary Increments (\$)	22,628.19	23280.43	20917.78	21320,19			
14	Salary Increase Above Increments (\$)	8000	8000					
15	Longevity Increase (\$)	1983,50	0	2076.94				
16	Total \$ Increase (sum of lines 13-15)	32611.69	31280.43	22,994.72	21320.19			
17	New Salary Base (\$)	1,164,021.49	1,195,301.92	1,218,296.64	1239616.83			
18	Percentage increase over prior year	2 %	2 %	1.75 %	1.75 %	<u></u> %		
	*If contract duration is longer than five years, please add an additional page.							

Emplo	oyer: Township of Sag	ddle Brook	Employ	ee Organization:	IBT 560	*******************************		Page 2
1	SECTION V: Increase	ses in Other Co				nomic Items*		
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5	
20	Totals(\$):	is longer than five	ye years, please ac	dd an additional p	page.			
	SECTION VI: Medical Costs Base Year Year 1							
21	Health Plan Cost			\$ 1,440,8	\$1,555			
22	Prescription Plan Cos	st		\$ 809,9				
23	Dental Plan Cost			\$ 12699	7 \$ 111,40	18		
24	Vision Plan Cost			\$	\$ c	2		
25	Total Cost of Insuran	ce		\$ 2,377,	777 \$ 2,567,	693		
26	Employee Insurance	Contributions		\$ 57,2	32 \$ 50,	284		
27	Employee Contributions as % of Total Insurance Cost				%	<u>%</u>		

Page 2 of 3 (complete all pages)

Employe	er: E	Employee Organization:		Page 3				
Section	No VI: Medical Costs (continued)							
28	Identify any insurance changes that were included in this CNA.							
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	SECTION VII: Certification and Signature							
29	The undersigned certifies that the foregoing	g figures are true:						
	Print Name:							
	Position/Title:	eneman and the first of the section	*					
	Signature:							
	Date:	and the second s						
	Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us							
	NJ Public Employment Relations Commission							
	Conciliation and Arbitration							
	PO Box 429							
	Trenton, NJ 08625							

Revised 8/2016

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