

**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: City of Ocean City County: Cape May  
 2 Employee Organization: CWA Local 1078 Number of Employees in Unit: \_\_\_\_\_  
 3 Base Year Contract Term: 1/1/2015 - 12/31/2018 New Contract Term: 1/1/2019 through 12/31/2022

**SECTION II: Type of Contract Settlement (please check 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 the fact-finder issue a report with recommendations?  
 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 Year \$ \_\_\_\_\_  
 10 Longevity Costs in Base Year \$ \_\_\_\_\_  
 11 Total Salary Base \$ \_\_\_\_\_

**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)	<u>1/1/2019</u>	<u>1/1/2020</u>	<u>1/1/2021</u>	<u>1/1/2022</u>	_____
13 Cost of Salary Increments (\$)	<u>2%</u>	<u>1.75%</u>	<u>1.75%</u>	<u>2%</u>	_____
14 Salary Increase Above Increments (\$)	_____	_____	_____	_____	_____
15 Longevity Increase (\$)	_____	_____	_____	_____	_____
16 Total \$ Increase (sum of lines 13-15)	_____	_____	_____	_____	_____
17 New Salary Base (\$)	_____	_____	_____	_____	_____
18 Percentage increase over prior year	<u>2%</u> %	<u>1.75%</u> %	<u>1.75%</u> %	<u>2%</u> %	_____ %

*\*If contract 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 (\$)	Year 5 Increase (\$)
20	Totals(\$):						

*\*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	\$ <u>SHBP</u>	\$ <u>SHBP</u>
22 Prescription Plan Cost	\$ <u></u>	\$ <u></u>
23 Dental Plan Cost	\$ <u></u>	\$ <u></u>
24 Vision Plan Cost	\$ <u></u>	\$ <u></u>
25 Total Cost of Insurance	\$ <u></u>	\$ <u></u>
26 Employee Insurance Contributions	\$ <u></u>	\$ <u></u>
27 Employee Contributions as % of Total Insurance Cost	<u></u> %	<u></u> %

Employer:

Employee Organization:

**Section VI: Medical Costs (continued)**

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

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<input type="text" value="Elizabeth M Woods, Esq"/>
Position/Title:	<input type="text" value="Director, Human Resources"/>
Signature:	<input type="text" value="Elizabeth M. Woods"/>
Date:	<input type="text" value="3/2/2020"/>

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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](mailto:contracts@perc.state.nj.us)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

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