

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2016 thru 12/31/2018.

Employer: Township of Vernon

County: Sussex

Date: 9/25/2017

Name: Charles Voelker
Print Name

Title: Business Administrator
Charles G. Voelker Jr.
Signature

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: <u>Township of Vernon</u>	County: <u>Sussex</u>
2	Employee Organization: <u>A.F.S.C.M.E 52 Local 3181</u>	Number of Employees in Unit: <u>23</u>
3	Base Year Contract Term: <u>01/01/2012 to 12/31/2015</u>	New Contract Term: <u>01/01/2016 to 12/31/2018</u>

SECTION II: Type of Contract Settlement (please check only one)

4	<input type="checkbox"/> Contract settled without neutral assistance
5	<input checked="" type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

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	\$ <u>1,117,925.29</u>
10	Longevity Costs in Base Year	\$ <u>0</u>
11	Total Salary Base	\$ <u>1,117,925.29</u>

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>1/1/2016</u>	<u>1/1/2017</u>	<u>1/1/2018</u>	<u> </u>	<u> </u>
13 Cost of Salary Increments (\$)	<u>22,988.48</u>	<u>28,630.32</u>	<u>32,308.47</u>	<u> </u>	<u> </u>
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u> </u>	<u> </u>
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u> </u>	<u> </u>
16 Total \$ Increase (sum of lines 13-15)	<u>22,988.48</u>	<u>28,630.32</u>	<u>32,308.47</u>	<u> </u>	<u> </u>
17 New Salary Base (\$)	<u>1,140,913.77</u>	<u>1,169,544.09</u>	<u>1,201,852.56</u>	<u> </u>	<u> </u>
18 Percentage increase over prior year	<u>2.06</u> %	<u>2.51</u> %	<u>2.76</u> %	<u> </u> %	<u> </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 (\$)
	Uniform Allowance	23,000.00	0	0	0		
	Tool Allowance	1,200.00	0	0	0		
	Boot Allowance	2,875.00	575.00				
	Meal Allowance	7./per	3./per				
20	Totals(\$):	27,082.00	578.00				

**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	\$ 370,536.24	\$ 385,044.48
22	Prescription Plan Cost	\$ 116,153.64	\$ 120,701.40
23	Dental Plan Cost	\$ 24,488.52	\$ 24,488.52
24	Vision Plan Cost	\$ 2,980.56	\$ 2,853.36
25	Total Cost of Insurance	\$ 514,158.96	\$ 533,087.76
26	Employee Insurance Contributions	\$ 65,460.39	\$ 71,663.31
27	Employee Contributions as % of Total Insurance Cost	12.73 %	13.44 %

Employer: Township of Vernon

Employee Organization: AFSCME 52 Local 3181

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA. Additional lower cost plans are available to the employees.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Charles Voelker
Position/Title: Business Administrator
Signature: *Charles M. Voelker Jr.*
Date: 09/25/2017

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
Phone: 609-292-9898

Revised 8/2016