New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #								
	SECTION I: Parties a							
1	Public Employer: Mer	cer County Tech	nical Schoo	County: Merce	:r			
2	Employee Organization	MCV Admin/St		Number of Employees in Unit: 4				
3	Base Year Contract Tei	Base Year Contract Term: 7/1/17 to 6/30/18			New Contract Term: 7/1/18 to 6/30/21			
	SECTION II: Type of	Contract Settleme	ent (please checl	conly one)				
4	Contract sett	Contract settled without neutral assistance						
5	Contract settl	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	he fact-finder issu	e a report with re	commend	ations?		
	Yes No No						×	
	SECTION III: Salary							
	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					which		
	the parties negotiate t	the parties negotiate the salary increases.						
9	Salary Costs in Base Ye	ear	Ý					
10	Longevity Costs in Bas	e Year	\$ 2,000					
11	Total Salary Base		ş 430,412					
,	SECTION IV: Salary	Increases for Each	Year of New Ag	reement*				
		Year 1	Year 2	Year 3	Ye.	ar 4	Year 5	
12	Effective Date (month/day/year)	7/1/18	7/1/19	7/1/20				_
13	Cost of Salary Increments (\$)	0	0	0	\perp			
14	Salary Increase Above Increments (\$)	11,781	12,106	13,342				
15	Longevity Increase (\$)	0	0	0				
16	Total \$ Increase (sum of lines 13-15)	11,781	12,106	13,342				
17	New Salary Base (\$)	440,193	452,299	465,641				
18	Percentage increase over prior year	2.75 %	2.75	2.95	_%	%		%

^{*}If contract duration is longer than five years, please add an additional page.

Empl	oyer: MCTS		Employ	yee Organization:	MCV Admin/	Supv Assoc	 Page 2
	SECTION V: Increa	ses in Other Co					
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 fi	ve years, please a	dd an additional _l	page.		
	SECTION VI: Medi	cal Costs		Base Yea	r Year 1		
21	Health Plan Cost			\$ 62092 s 17166	ş 6953		
22 23	Prescription Plan Cost Dental Plan Cost	st		\$ 2523	\$ 2523		

\$ 185 \$ 185 24 Vision Plan Cost \$ 85919 \$ 81966 25 **Total Cost of Insurance** \$ 26094 \$25218 26 **Employee Insurance Contributions** 29.35 31.83 Employee Contributions as % of Total Insurance Cost 27

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Employ	er: MCTS	Employee Organization: MCV Admin/Supv Assoc	Page 3
	n VI: Medical Co		
28	Identify any ins	surance changes that were included in this CNA.	
29		ertification and Signature d certifies that the foregoing figures are true:	
	Print Name: Position/Title: Signature: Date:	School Business Administrator Deborah Donnelly	
	form to: contr	pleted and signed form along with an electronic copy of the contract and the signed acts@perc.state.nj.us byment Relations Commission	certification

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016