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 12/31/2020.

Employer:	CITY OF CLIFTON
County:	Passaic
Date:	10/1/2021
Name:	DOUGLAS JOHNSON
	Print Name
Title:	PERSONNEL OFFICER
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	Sygnature
	D