

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ Unknown

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2018</u>	<u>1/1/2019</u>	<u>1/1/2020</u>	<u>1/1/2021</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>653,124</u>	<u>13,065</u>	<u>13,322</u>	<u>13,590</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>653,124</u>	<u>13,065</u>	<u>13,322</u>	<u>13,590</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 39,977 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Vac/Holiday Sellbk	Unknown	25,210	502	512	522		
	Uniform Allow.	Unknown	-0-	1,000	-0-	-0-		
	Train. & Ed Cost	Unknown	-0-	5,000	-0-	-0-		
25	Totals (\$):	Unknown	25,120	5,502	512	522		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ Unknown	\$ 76,163
27	Prescription Plan Cost	\$ Unknown	\$ 19,726
28	Dental Plan Cost	\$ Unknown	\$ 450
29	Vision Plan Cost	\$ -0-	\$ -0-
30	Total Cost of Insurance	\$ Unknown	\$ 96,339

Employer: Township of Voorhees

Employee Organization: Int'l. Assoc of Fire Fighters - Sr. Off.

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>Unknown</u>	\$ <u>33,527</u>
32	Contributions as % of Total Insurance Cost	<u>Unknown</u> %	<u>34.8</u> %

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

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Kathleen Green
Position/Title: Human Resource Director
Signature: 
Date: 7/2/2024

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