

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 7/1/2018 thru 6/30/2021.

Employer: Elmwood Park Board of Education

County: Bergen

Date: 12/5/2018

Name: John DiPaola
Print Name

Title: Business Administrator/Board Secretary


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: County:

2 Employee Organization: Number of Employees in Unit:

3 Base Year Contract Term: New Contract Term:

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)	<input type="text" value="7/1/18"/>	<input type="text" value="7/1/19"/>	<input type="text" value="7/1/20"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="400,818"/>	<input type="text" value="414,041"/>	<input type="text" value="427,736"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="400,818"/>	<input type="text" value="414,041"/>	<input type="text" value="427,736"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="13,987,857"/>	<input type="text" value="14,401,898"/>	<input type="text" value="14,829,634"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="2.95"/> %	<input type="text" value="2.96"/> %	<input type="text" value="2.97"/> %	<input type="text"/>	<input type="text"/>

**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 (\$)
	Guide Development		30,000	30,000	30,000		
20	Totals(\$):		30,000	30,000	30,000		

**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	\$4,600,300	\$4,876,318
22	Prescription Plan Cost	\$1,114,757	\$1,226,233
23	Dental Plan Cost	\$213,003	\$213,003
24	Vision Plan Cost	\$0	\$0
25	Total Cost of Insurance	\$5,928,060	\$6,315,554
26	Employee Insurance Contributions	\$1,117,847	\$1,193,640
27	Employee Contributions as % of Total Insurance Cost	18.9 %	18.9 %

Section VI: Medical Costs (continued)

28 N/A	Identify any insurance changes that were included in this CNA.
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SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<input type="text" value="John DiPaola"/>
Position/Title:	<input type="text" value="Business Administrator/Board Secretary"/>
Signature:	<input type="text" value="John DiPaola"/>
Date:	<input type="text" value="12/5/18"/>

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