New Jersey Public Employment Relations Commission <u>POLICE AND FIRE</u>

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #		
	SECTION I: Parties and Term of Contracts	
1	Public Employer: Township of Mount Olive	County: Morris
2	Employee Organization: FOP Lodge #122	Number of Employees in Unit:
3	Base Year Contract Term: 01/01/2015 - 12/31/2016	
4	New Contract Term: 01/01/2017 - 12/31/2019	
	SECTION II: Type of Contract Settlement (pleas	e check only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbi	trator issue an Award?
	in contract was sectice in interest Arbitration, did the Arbi	trator issue all Award:
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or e	expired agreement.
		ase salary' means the salary provided pursuant to a salary guide
	or table and any amount provided pursuant to a salary inc It shall also include any other item agreed to by the partie	rement, including any amount for longevity or length of service.
	understood by the parties in the prior contract. Base salar	ry shall not include non-salary economic issues, pension and
	health and medical insurance costs."	, , , , , , , , , , , , , , , , , , , ,
10	Salary Costs in base year	\$ 4,200,439
11	Longevity Costs in base year	\$ 176,139
12	Other base year salary costs	
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	\$	
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	Sum of "Other" Costs Listed in Line 12.	
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	s 4,376,578

Emp	loyer: Township of Mount	Olive	Employe	ee Organization	n: FOP Lodge	#122	Page 2
14	SECTION IV: Increase Total Base Salary Cost fro		cy Cost (for each year of New CNA) \$\frac{4,376,578}{}				
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	01/01/2017	01/01/2018	01/01/2019	Spin assure and director and doctor and an application of the and		
16	Cost of Salary Increments (\$)	84,009	85,689	87,402			gal di af ancici di manina di coca ancia a nice transiena coci anni
17	Salary Increase Above Increments (\$)	126,898	105,321	82,483		ged discussional initiation and an analysis of the second read and a second read a second read and a second read a second read and a second read a second read and a second read and a second read and a second read a second read a second read a second read and a second read a secon	
18	Longevity Increase (\$)	3,523	3,593	3,665	gi and describing has a sea particular programme and a second seco		
19	Total Increased Cost for "Other" Items (\$)	0	O			A Advantage of Association of Company of the Company of	
20	Total Increase (\$) (sum of lines 16-19)	214,430	194,603	173,550	STATE and the control of the control	g ettione direction de de Namerouch y vicinità de de la companie d	
SECTION V: Average Increase Over Term of New CNA							
21	Dollar Increase Over Life	of Contract	\$ 582,583	[Take sum	of all amounts	s listed on Line	20 above]
22	Percentage Increase Over	Life of Contra	ct 13.31	% [Divide am	nount on Line 2	21 by amount o	on Line 14]
23	Average Percentage Increase Per Year 4.44 % [Divide percentage on Line 22 by number of years of the contract]					er of years of	

Employer: Township of Mount Olive	Employee Organization: FOP Lodge #122	Page 3

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
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						gradiente fili discinsidades del describado en menormana com	genopolitika esik kisata tikun situa kita kisata bina kisata bina kisata kisata bina bina kisata bina kisata bina bina kisata bina kisata bina kisata	
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					The control of the co		SHADE SENSON RESERVATIONS AND	The control of the co
					Company of the Compan		Commission of the Commission o	giga Control (diseased or in girk diseased or in a control or
25	Totals (\$):			0	0		0	

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 932,334	\$ 967,042
27	Prescription Plan Cost	\$ n/a	\$ n/a
28	Dental Plan Cost	\$ 56,837	\$ 58,286
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 989,171	\$ 1,025,328

Page 3 of 4 (complete all pages)

Empl	oyer: Township o	of Mount Olive	Employee Organi	ization: FOP Lodge #122	Page 4
SECT	ION VII: Medica	al Costs (continued)			or a chairm and a
31	Employee Insu	rance Contributions	\$ 298,862	\$ 120,985	
32	Contributions a	as % of Total Insurance Cost	30.21 %	11.80 %	
Aetr Any	na 2030. Any e	employee choosing the b	pase plan would	017 was offered as either pay 1.5% of salary as a coould be required to contri	ontribution.
34		Certification and Signatured certifies that the foreg		ue:	
	Print Name: Position/Title: Signature: Date:	Sherry Kolody Director of Finance/CFO/T SNULL LOOCH 08/15/2017	reasurer		
		pleted and signed form al		ronic copy of the contract a	and the signed

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016