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 of Gloucester			County: Gloucester				
2	Employee Organization: CWA #1085 Division of Soc			Number of Employees in Unit: 131				
3	Base Year Contract Te	ear Contract Term: 1/1/2015 - 12/31/2018		New Contract Term: 1/1/2019 to 12/31/2023				
	SECTION II: Type of	Contract Settlem	ent (please check	only one)				
4	Contract settled without neutral assistance							
5	Contract settled with assistance of mediator							
6	Contract sett	led with assistance o	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 whithe parties negotiate the salary increases.							
9	Salary Costs in Base Yo	Year \$ 8,166,482						
10	Longevity Costs in Base Year		\$ 2,148,721					
11	Total Salary Base \$ 10,3		\$ 10,315,203	10,315,203				
	SECTION IV: Salary	Increases for Each	Year of New Agro	eement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	1/1/2019	1/1/2020	1/1/2021	1/1/2022	12/31/2023		
13	Cost of Salary Increments (\$)	183,746	187,800	192,107	196,430	200,850		
14	Salary Increase Above Increments (\$)					-		
15	Longevity Increase (\$)							
16	Total \$ Increase (sum of lines 13-15)	183,746	187,800	192,107	196,430	200,850		
17	New Salary Base (\$)	8,350,228	8,538,108	8,730,216	8,926,645	9,127,495		
18	Percentage increase over prior year	2.25 %	2.25 %	2.25	2.25 %	2.25 %		
	*If contract duration i	s longer than five ye	ars, please add an a	dditional page.				

			MINISTER STATE OF THE PARTY OF				:	
Empl	oyer: County of Glou	cester	Employ	yee Organization	: CWA #1085 Division of Social Services			Page 2
	SECTION V: Increa	ses in Other C	100000000000000000000000000000000000000					
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase	e (\$)
							general la de la companya del companya de la companya de la companya del companya de la companya	
20	Totals(\$):							
	*If contract duration	is longer than fi	ive years, please a	dd an additional _l	page.			
	SECTION VI: Medi	cal Costs						
				Base Year	r Year 1			
21	Health Plan Cost			\$ <u> </u>	, \$ <u></u>			
22	Prescription Plan Cos	st		\$	\$			
23	Destal Diag Cost			اء	اء			

		base rear	rear 1
21	Health Plan Cost	\$	\$
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$	\$
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 2,257,766	\$ 2,447,193
26	Employee Insurance Contributions	\$ 413,562	\$ 448,260
27	Employee Contributions as % of Total Insurance Cost	18.32 %	18.32

Page 2 of 3 (complete all pages)

Employer	County of G	loucester	Employee Organization:	CWA #1085 Division of Social Services	Page 3
Section \	VI: Medical Co	osts (continued)			
28	Identify any in	surance changes that were	included in this CNA.	e e	
			· · · · · · · · · · · · · · · · · · ·		
		Certification and Signature ed certifies that the forego			
F	Print Name:	Tracey N. Giordano			
F	Position/Title:	Treasurer/CFO	-		
9	Signature:	Deacy 1 x	Genden		
[Date:	May 5, 2020			
		pleted and signed form al acts@perc.state.nj.us	ong with an electronic co	ppy of the contract and the signed cert	ification
١	NJ Public Emplo	oyment Relations Commis	sion		

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016