

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="7/1/2017"/>	<input type="text" value="7/1/2018"/>	<input type="text" value="7/1/2019"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="35,736"/>	<input type="text" value="34,339"/>	<input type="text" value="24,320"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="24,080"/>	<input type="text" value="29,844"/>	<input type="text" value="38,795"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="59,816"/>	<input type="text" value="64,183"/>	<input type="text" value="63,115"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="2,241,089"/>	<input type="text" value="2,305,272"/>	<input type="text" value="2,368,387"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="2.75"/> %	<input type="text" value="2.8"/> %	<input type="text" value="2.8"/> %	<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 (\$)
	Unused sick day pay at retirement	\$45/day; max \$6,000	\$60/day; max \$6,000				
	Health benefits waiver	\$5,000 or 25% of premium	No change	flat \$4,500	flat \$4,000		
	Basketball Advisor Stipend	\$900 for 1	\$1,800 for 2				
	Drama Advisor Stipend	\$0	\$1,800 for 2				
	Yearbook	grouped w/ NJHS	\$900 for 1				
20	Totals(\$):						

**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	\$ 478,714.56	\$ 445,513.56
22	Prescription Plan Cost	\$ within health plan cost	\$ within health plan cost
23	Dental Plan Cost	\$ 12,999.60	\$ 13,357.02
24	Vision Plan Cost	\$ N/A	\$ 360.40
25	Total Cost of Insurance	\$ 491,714.16	\$ 459,230.98
26	Employee Insurance Contributions	\$ 104,131.60	\$ 96,991.80
27	Employee Contributions as % of Total Insurance Cost	21 %	21 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
 PPO was changed from \$10/\$10/80% to \$15/\$15/80% (effective 11/1/17).
 Prescription plan was changed from \$10 generic/\$20 brand to \$15 generic/\$25 brand effective 11/1/17.
 Dental plan was changed to include 100% preventative and 70% basic and \$1,000 child orthodontics effective 7/1/18.
 Vision plan was added at no cost to Association members effective 11/1/17.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Position/Title:

Signature:

Date:

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
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