# New Jersey Public Employment Relations Commission POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Line # |   |                            |  |  |  |  |  |
|--------|---|----------------------------|--|--|--|--|--|
|        | SECTION I: Parties and Term of Contracts  |                            |  |  |  |  |  |
| 1      | Public Employer: Borough of Emerson County  | Bergen                     |  |  |  |  |  |
| 2      | Employee Organization: PBA Local 206 (Local Emerson) Number   | r of Employees in Unit: 20 |  |  |  |  |  |
| 3      | Base Year Contract Term: Jan 1, 2013 - Dec 31, 2018   | •                          |  |  |  |  |  |
| 4      | New Contract Term: Jan 1, 2017 - Dec 31, 2020   |                            |  |  |  |  |  |
|        | SECTION II: Type of Contract Settlement (please check o   | nly 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 Arbitrator issue   | an Award? Yes No No        |  |  |  |  |  |
|        |   |                            |  |  |  |  |  |
|        | SECTION III: Base Salary Calculation  |                            |  |  |  |  |  |
|        | The "base year" refers to the final year of the expiring or expired agreement.  |                            |  |  |  |  |  |
|        | N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs." |                            |  |  |  |  |  |
| 10     | Salary Costs in base year   | \$1,965,657.51             |  |  |  |  |  |
| 11     | Longevity Costs in base year  | \$ <mark> 60,403.08</mark> |  |  |  |  |  |
| 12     | Other base year salary costs  |                            |  |  |  |  |  |
|        | Holiday Pay \$ 75,620.13  |                            |  |  |  |  |  |
|        | Sgt Differential \$34,461.10  |                            |  |  |  |  |  |
|        | College Credits \$1,700   |                            |  |  |  |  |  |
|        | \$  |                            |  |  |  |  |  |
|        | Sum of "Other" Costs Listed in Line 12.   | \$ 112,781.23              |  |  |  |  |  |
| 13     | Total Base Salary Cost: (sum of lines 10, 11, 12):  | \$ 2,138,841.82            |  |  |  |  |  |

| Empl   | oyer: Borough of Emers  | on          | Employe       | e Organization | PBA Local 200 | 3 (Local Emersor | Page 2                                   |
|--|---|-------------|---------------|----------------|---------------|------------------|--|
| 14   | SECTION IV: Increase in Base Salary Cost (for each year of New CNA)  Total Base Salary Cost from Line 13: \$\frac{2.138,841.82}{2.138,841.82}\$ |             |               |                |               |                  |  |
|  | Increases   | Year 1      | Year 2        | Year 3         | Year 4        | Year 5           | Year 6                                   |
| 15   | Effective Date<br>(month/day/year)  | 2017        | 2018          | 2019           | 2020          | ,                |  |
| 16   | Cost of Salary Increments (\$)  | 75,656      | 91,193        | 69,575,26      | 81,346.09     |                  | \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 17   | Salary Increase Above Increments (\$)   | 48,574      | 18,349        | 20,558         | 20,863        |                  |  |
| 18   | Longevity Increase (\$)   | 4,838.46    | 6,680.10      | 2,385.21       | 7,936.81      |                  | 1  |
| 19   | Total Increased Cost for "Other" Items (\$)   |             |               |                | :             |                  |  |
| 20   | Total Increase (\$)<br>(sum of lines 16-19)   | 129,068.07  | 116,221.86    | 92,518.47      | 110,145.90    |                  | 4441                                     |
| SECTION V: Average Increase Over Term of New CNA |   |             |               |                |               |                  |  |
| 21   | Dollar Increase Over Life   | of Contract | \$ 447,954.29 |                | of all amount | s listed on Line | 20 above]                                |
| 22   | Percentage Increase Over Life of Contract 20.94 [Divide amount on Line 21 by amount on Line 14]   |             |               |                |               | on Line 14]      |  |
| 23   | Average Percentage Increase Per Year $5.24$ % [Divide percentage on Line 22 by number of years of   |             |               |                |               | per of years of  |  |
|  | the contract]   |             |               |                |               |                  |  |

### SECTION VI: Other Economic Items Outside Base Salary and Increases

#### ←Increases→

| 24 | Item<br>Description | Base Year<br>Cost (\$)                  | Year 1 | Year 2                                | Year 3                                  | Year 4           | Year 5                                     | Year 6                                |
|----|---------------------|---|--------|---------------------------------------|---|------------------|--|---------------------------------------|
|    | Clothing Allowance  | 17,000                                  | 0      | 0                                     | 0                                       | 0                | ,    |                                       |
|    |                     |   | 1      |                                       |   |                  |  |                                       |
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|    |                     |   |        |                                       | TO THE STATE OF                         |                  |  | · · · · · · · · · · · · · · · · · · · |
|    |                     |   |        | ,                                     |   | **************** |  |                                       |
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|    |                     |   |        | -                                     | *************************************** |                  |  | . ,                                   |
| 25 | Totals (\$):        | 17,000                                  | 0      | 0                                     | 0                                       | 0                |  |                                       |

#### **SECTION VII: Medical Costs**

|    | Insurance Costs         | Base Year     | Year 1        |
|----|-------------------------|---------------|---------------|
| 26 | Health Plan Cost        | \$ 425,668.32 | \$ 340,279.80 |
| 27 | Prescription Plan Cost  | \$            | \$            |
| 28 | Dental Plan Cost        | \$ 2,807.00   | \$ 2,997.00   |
| 29 | Vision Plan Cost        | \$            | \$            |
| 30 | Total Cost of Insurance | \$ 428,475.32 | \$ 343,276.80 |

| Emplo                                 | yer: Borough of Emerson   | Employee Organization: PBA Local 206 (Local Emerson) Page 4  |
|---------------------------------------|---|--|
| SECTIO                                | ON VII: Medical Costs (continued)   |  |
|                                       | ·   |  |
| 31                                    | Employee Insurance Contributions  | \$ 138,558.62 \$ 113,710.95  |
| 32                                    | Contributions as % of Total Insurance Cost  | 32.33 % 33.13 %  |
| 33<br>N/A                             | Identify any insurance changes that were  | e included in this CNA.  |
| "                                     |   |  |
|                                       |   |  |
|                                       |   |  |
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| Ŀ                                     |   |  |
|                                       |   |  |
| 24                                    | SECTION VIII: Certification and Signatu<br>The undersigned certifies that the foreg |  |
| 34                                    | The undersigned certifies that the foreg  | going figures are true.  |
|                                       | Print Name: Robert S Hoffmann   | WARRANCE TO WARRANCE TO THE PARTY OF THE PAR |
|                                       | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   | Agranda a san a san a san a san a san a san ann an   |
|                                       | Position/Title: Borough Administrato  | <u>r</u>   |
|                                       | Signature: K-LLTS He Inc.   |  |
|                                       |   |  |
| •                                     | Date: 1.118120180   |  |
| · · · · · · · · · · · · · · · · · · · |   | · ARD  |
|                                       | Send this completed and signed form a certification form to: contracts@perc.        | along with an electronic copy of the contract and the signed .state.nj.us  |
|                                       |   | Amende A.  |
|                                       | NJ Public Employment Relations Comm   | nission  |
|                                       | Conciliation and Arbitration  | •  |
|                                       | PO Box 429  |  |
|                                       | Trenton, NJ 08625   | •  |
|                                       | Phone: 609-292-9898   | Revised 8/2016   |

## **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 1/1/2017 thru 12/31/2020.

| Employer: | Borough of Emerson    |  |  |  |  |
|-----------|-----------------------|--|--|--|--|
| County:   | Bergen                |  |  |  |  |
| Date:     | 11/8/2018             |  |  |  |  |
| Name:     | Robert S. Hoffmann    |  |  |  |  |
|           | Print Name            |  |  |  |  |
| Title:    | Borough Administrator |  |  |  |  |
|           | Rolat S. Holman       |  |  |  |  |
|           | Signature             |  |  |  |  |