

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: Township of Monroe County: Gloucester
2 Employee Organization: MTPOA Number of Employees in Unit: 62
3 Base Year Contract Term: Jan. 1, 2018-Dec 31, 2021
4 New Contract Term: Jan. 1, 2022-Dec 31, 2025

SECTION II: Type of Contract Settlement (please 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 Arbitrator issue an Award? Yes 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 \$ 7,260,000
11 Longevity Costs in base year \$
12 Other base year salary costs

<u>Holiday</u>	\$ <u>65,000</u>
<u>Shift</u>	\$ <u>67,000</u>
<u>College</u>	\$ <u>16,000</u>
<u></u>	\$ <u></u>

Sum of "Other" Costs Listed in Line 12. \$ 148,000

13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 7,408,000

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 7,408,000

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/22</u>	<u>1/1/23</u>	<u>1/1/24</u>	<u>1/1/25</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>163,350</u>	<u>245,300</u>	<u>207,504</u>	<u>143,700</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>163,350</u>	<u>245,300</u>	<u>207,504</u>	<u>143,700</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 759,845 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 11 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 3 % [Divide percentage on Line 22 by number of years of the contract]

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
	Uniform	120,000	10,000	20,000	30,000			
	Shift Diff	67,000	0	0	0			
	Sick Sell Back	200,000	10,000	20,000	30,000			
	Kelly Buy Back	80,000	20,000	40,000	60,000			
	Stand Buy	45,000	10,000	20,000	30,000			
	Comp Buy Back	30,000	15,000	20,000	25,000			
	K-9	14,000	0	0	0			
25	Totals (\$):	556,000	65,000	120,000	175,000			

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 1,319,500	\$ 1,609,500
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 96,000	\$ 96,000
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 1,415,500	\$ 1,619,100

Employer:

Employee Organization:

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <input type="text" value="275,873"/>	\$ <input type="text" value="357,600"/>
32	Contributions as % of Total Insurance Cost	<input type="text" value="20"/> %	<input type="text" value="22"/> %

33 Identify any insurance changes that were included in this CNA.
n/a

SECTION VIII: Certification and Signature

34 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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Revised 8/2016