## New Jersey Public Employment Relations Commission

## **NON-POLICE AND FIRE**

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Line   | #  |  |                        |  |        |           |  |  |
|--|--|--|------------------------|--|--------|-----------|--|--|
|  | SECTION I: Parties   | and Term of Contr                              | acts                   |  |        |           |  |  |
| 1  | Public Employer: Sac   | olic Employer: Saddle River Board of Education |                        | County: Bergen                                 |        |           |  |  |
| 2  | Employee Organization: Saddle River Education Ass  |  | ucation Assoc          | Number of Employees in Unit: 25                |        |           |  |  |
| 3  | Base Year Contract Term: July 1, 2012-June 30  |  | ne 30, 2015            | ew Contract Term: July 1, 2015 - June 30, 2018 |        |           |  |  |
|  | 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 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 Yo  | ear  | \$ 1693418             |  |        |           |  |  |
| 10   | Longevity Costs in Base Year   |  | \$ 17700               |  |        |           |  |  |
| 11   | Total Salary Base  |  | ş <mark>1711118</mark> | ş 1711118                                      |        |           |  |  |
| 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)  | 07/01/2015                                     | 07/01/2016             | 07/01/2017                                     |        |           |  |  |
| 13   | Cost of Salary<br>Increments (\$)  | 42329  | 43477                  | 44647  |        |           |  |  |
| 14   | Salary Increase Above Increments (\$)  | 3425   | 3550                   | 3650   |        |           |  |  |
| 15   | Longevity Increase (\$)  | 0  | 0                      | 0  |        |           |  |  |
| 16   | Total \$ Increase<br>(sum of lines 13-15)  | 45754  | 47027                  | 48297  |        |           |  |  |
| 17   | New Salary Base (\$)   | 1739173  | 1786200                | 1834497  |        |           |  |  |
| 18   | Percentage increase over prior year  | 2.7 %  | 2.7 %                  | 2.7 %  | %      | <u></u> % |  |  |
|  | *If contract duration i  | is longer than five ye                         | ars, please add an c   | additional page.                               |        |           |  |  |

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| Employe  | Saddle River Board of Education   | Employee Organization:      | Saddle River Education Assoc            | Page 3    |
|----------|---|-----------------------------|---|-----------|
|          | VI: Medical Costs (continued)   |                             |   |           |
| 28       | Identify any insurance changes that we  | re included in this CNA.    |   |           |
|          |   |                             |   | <b>(</b>  |
|          |   |                             |   |           |
|          |   |                             |   |           |
| 29       | SECTION VII: Certification and Signature The undersigned certifies that the fore  |                             |   |           |
|          | Print Name: Donna M Logan   |                             | <del>.</del>                            |           |
|          | Position/Title: Business Administ   | trator/Board Secretary      |   |           |
|          | Signature: Downs 918  | ogav                        | •                                       |           |
|          | Date: 13-9-2016   |                             |   |           |
|          | Send this completed and signed form form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a> | along with an electronic co | opy of the contract and the signed cert | ification |
| <u> </u> | NJ Public Employment Relations Comn   | mission                     |   |           |
|          | Conciliation and Arbitration  |                             |   |           |
|          | PO Box 429  |                             |   |           |

Phone: 609-292-9898 Revised 8/2016

Trenton, NJ 08625

## Certification

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I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the