9-1-14

New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	1 #						
	SECTION I: Parties	and Term of Cont	racts				
1	Public Employer: To	wnship of Middleto	own	County: Monmouth	740		
2	Employee Organization	on: Crossing Guar	ds Union	Number of Employees In Unit: 80			
3	Base Year Contract To	TEANS VALUE	Company of the last of the last	New Contract Term: Four Years			
FXX	SECTION II: Type o				1		
4		tled without neutral		omy one;			
5	Contract set	tled with assistance	of mediator				
6	Contract set	tled with assistance	of fact-finder				
7	Contract sett	led with assistance of	of super-conciliator	253			
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recomi	ith recommendations?		
reaches no	Yes No No						
MA MIC SOL	SECTION III: Salary	Base	***************************************			X	
	The salary base is the the parties negotiate			spired or expiring agr	eement. This is the i	base cost from which	
9	Salary Costs In Base Y	Base Year \$ 1,981,221.46					
10	Longevity Costs in Bas	costs in Base Year \$ 0.00					
11	Total Salary Base		ş 1,981,221.46				
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*			
12	Effective Date	Year 1	Year 2	Year 3	Year 4	Year 5	
12	(month/day/year)	9/1/2014	1/1/2015	1/1/2016	1/1/2017		
13	Cost of Salary Increments (\$)	0	0	0	0		
14	Salary Increase Above Increments (\$)	19,616.06	39,624.45	40,416.94	41,225.28	THE RESIDENCE OF THE PARTY OF T	
15	Longevity Increase (\$)	0	0	0	0		
16	Total \$ Increase (sum of lines 13-15)	19,616.06	39,624.45	40,416.94	41,225.28		
17	New Salary Base (\$)	1981222.46	2020846,91	2061263.85	2102489.13		
18	Percentage Increase over prior year	1.00 %	2.00 %	2.00 %	2.00 %	<u></u> %	
	*If contract duration is	s longer than five ve	ars, please add an ac	dditional page.			

Empl	oyer: Township of Mic	ddletown	Emplo	yee Organization	Crossing Gua	ards Union	Page :
NOTE OF THE PARTY	SECTION V: Increa	ses In Other C					The second secon
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Uniform Allowance	32,000.00	0	0	Ō	0	
	Orientation Bonus	1,600.00	0	0	o	0	
	Sick Time Bonus	3,000.00	0	0	0	0	
	promise server a terrer from the desired and the date of the desired and the d						
					- ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		
20	Totals(\$):	36,000	0	0	0	0	
-tarres-t	*If contract duration		ve years, please a	dd an additionai	page.	u	WWW.
		00010		Base Yea	r Year 1		
21	Health Plan Cost			\$ 0	\$ 0		
2	Prescription Plan Cost			\$ 0	\$ O		∑= ∑
:3	Dental Plan Cost			\$ 0	\$ 0		
4	Vision Plan Cost			\$ 0	\$ O		
5	Total Cost of Insuranc	е		\$ 0	<u> </u>		
6	Employee Insurance C	ontributions		\$ 0	\$ 0	-	

Employee Contributions as % of Total Insurance Cost

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Section 28	n VI: Medical Co		Employee Organization: Crossing Guards	Page
20		sts (continued)		
28	Identify any in	surance changes that were i	ncluded in this CNA.	
As pa	art time emplo	yees, Crossing Guard	s do not receive insurance benefits.	
			e .	
		ertification and Signature		
9	The undersigne	d certifies that the foregoi	ing figures are true:	
	Delet N	James P. VanNest		
	Print Name:			
	Position/Title:	Assistant Township Adm	ninistrator	
	Signature:	James V. Wa	() hes	
	Date:	September 13, 2017		
				¥.
THE PARTY OF THE P				
	Send this comp	eted and signed form alor	ng with an electronic copy of the contract a	nd the signed certification
	form to: contra	cts@perc.state.n].us		

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429 Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016