New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line							
	SECTION I: Parties			-			
1	Public Employer: Ha	ledon Board of Edu	ucation	County: Passaic			
2	Employee Organization	n: Haledon Education Association		Number of Employees in Unit: 111			
3	Base Year Contract Te	erm: 2016-17		New Contract Term: 3 years			
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)			
4	Contract set	tled without neutral	assistance				
5	Contract set	Contract settled with assistance of mediator					
6	Contract con						
0	ПТ	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						
	The salary base is the the parties negotiate			spired or expiring agre	eement. This is the	base cost from which	
9	Salary Costs in Base Y	ear	\$ 7127440				
10	Longevity Costs in Bas	se Year \$ 46800					
11	Total Salary Base	"	s 7174240				
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	July 1, 2017	July 1, 2018	July 1, 2019	<u></u>	<u> </u>	
13	Cost of Salary Increments (\$)	171059	175763	180596			
14	Salary Increase Above Increments (\$)	24946	25631	26337			
15	Longevity Increase (\$)	6000	1000	11000			
16	Total \$ Increase (sum of lines 13-15)	202177	202394	217933			
17	New Salary Base (\$)	7376417	7578811	7796744			
18	Percentage increase over prior year	2.82 %	2.74 %	2.88 %	%	%	
	*If contract duration i	is longer than five ye	ars, please add an a	dditional page.			

		Base Year	Year 1
21	Health Plan Cost	\$ 2892337	s 3178340
22	Prescription Plan Cost	\$ 0	\$ 0
23	Dental Plan Cost	\$ 175621	ş 179757
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 3067958	ş 3358097
26	Employee Insurance Contributions	\$ 487486	\$ 579046
27	Employee Contributions as % of Total Insurance Cost	16	_% 17 %

Page 2 of 3 (complete all pages)

Employe	er: Haledon Boar	rd of Education	Employee Organization:	Haledon Education Association Page 3
	VI: Medical Cos	ts (continued)		
28	Identify any ins	urance changes that w	vere included in this CNA.	
No ch	nanges to insu	rance		"
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				k
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		ertification and Signa		3
29	The undersigne	d certifies that the fo	pregoing figures are true:	## }
				-
	Print Name:	John Serapiglia		÷
	Position/Title:	Business Administ	rator	6
	Signature:			- -
	2. 3.	6-6-17		
	Date:	10011		_
				P P
	Cand this com	aleted and signed for	rm along with an electronic o	copy of the contract and the signed certification
	form to: contr	acts@perc.state.nj.u	<u>us</u>	
				1
	NJ Public Emplo	oyment Relations Co	mmission	
	Conciliation an	a Arnitration		

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