

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer: Township of Hamilton County: Mercer

2 Employee Organization: Upper Level Supervisors Local 1032 Number of Employees in Unit: 5

3 Base Year Contract Term: 7/1/2013 - 12/31/2016 New Contract Term: 1/1/2017 - 12/31/2020

**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

**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 Year \$ 585,261

10 Longevity Costs in Base Year \$ 7,400

11 Total Salary Base \$ 592,661

**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)	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>7/1/2018</u>	<u>1/1/2019</u>	<u>7/1/2019</u>
13 Cost of Salary Increments (\$)	<u>193</u>	<u>123</u>	<u>123</u>	<u>126</u>	<u>0</u>
14 Salary Increase Above Increments (\$)	<u>11,513</u>	<u>7,339</u>	<u>7,431</u>	<u>7,524</u>	<u>7,618</u>
15 Longevity Increase (\$)	<u>0</u>	<u>225</u>	<u>0</u>	<u>75</u>	<u>0</u>
16 Total \$ Increase (sum of lines 13-15)	<u>11,706</u>	<u>7,462</u>	<u>7,554</u>	<u>7,650</u>	<u>-2,564</u>
17 New Salary Base (\$)	<u>596,967</u>	<u>604,429</u>	<u>611,984</u>	<u>619,634</u>	<u>617,070</u>
18 Percentage increase over prior year	<u>1.96</u> %	<u>1.23</u> %	<u>1.23</u> %	<u>1.23</u> %	<u>-.42</u> %

\*If contract duration is longer than five years, please add an additional page.

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9 Salary Costs in Base Year \$ 585,261

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11 Total Salary Base \$ 592,661

**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)	<u>1/1/2020</u>	<u>7/1/2020</u>			
13 Cost of Salary Increments (\$)	<u>0</u>	<u>0</u>			
14 Salary Increase Above Increments (\$)	<u>7,713</u>	<u>7,810</u>			
15 Longevity Increase (\$)	<u>313</u>	<u>0</u>			
16 Total \$ Increase (sum of lines 13-15)	<u>7,713</u>	<u>7,810</u>			
17 New Salary Base (\$)	<u>624,783</u>	<u>632,593</u>			
18 Percentage increase over prior year	<u>1.23</u> %	<u>1.23</u> %			

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Sick Time Buyback	80,730	1614.6	1,029	1,042	1,055	1,069
20	Totals(\$):	665,991	679,311	687,803	696,400	705,105	703,609

\*If contract duration is longer than five years, please add an additional page.

**SECTION VI: Medical Costs**

	Base Year	Year 1
21 Health Plan Cost	\$ 69,684	\$ 69,684
22 Prescription Plan Cost	\$ 26,160	\$ 26,160
23 Dental Plan Cost	\$ 5,772	\$ 5,772
24 Vision Plan Cost	\$ 540	\$ 540
25 Total Cost of Insurance	\$ 102,156	\$ 102,156
26 Employee Insurance Contributions	\$ 29,819	\$ 32,378
27 Employee Contributions as % of Total Insurance Cost	29.20 %	31.69 %

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Sick Time Buyback	80,730	1,081	1,096			
20	Totals(\$):	665,991	712,405	721,310			

*\*If contract duration is longer than five years, please add an additional page.*

**SECTION VI: Medical Costs**

		Base Year	Year 1
21	Health Plan Cost	\$ 69,684	\$ 69,684
22	Prescription Plan Cost	\$ 26,160	\$ 26,160
23	Dental Plan Cost	\$ 5,772	\$ 5,772
24	Vision Plan Cost	\$ 540	\$ 540
25	Total Cost of Insurance	\$ 102,156	\$ 102,156
26	Employee Insurance Contributions	\$ 29,819	\$ 32,378
27	Employee Contributions as % of Total Insurance Cost	29.20 %	31.69 %

Employer: Township of Hamilton

Employee Organization: Upper Level Supervisors - Local 1032

**Section VI: Medical Costs (continued)**

28 Identify any insurance changes that were included in this CNA.

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<u>John F. Ricci</u>
Position/Title:	<u>Business Administrator</u>
Signature:	
Date:	<u>9/20/2017</u>

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](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016