

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2018 thru 12/31/2020.

Employer: Morris County Parks Commission

County: Morris

Date: 5/21/2020

Name: Mary Susan D'Amore
Print Name

Title: Labor Relations Specialist


Signature

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

14 Total Base Salary Cost from Line 13: \$ 1,756,000

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/18</u>	<u>1/1/19</u>	<u>1/1/20</u>			
16 Cost of Salary Increments (\$)	<u>53,684</u>	<u>36,194</u>	<u>36,918</u>			
17 Salary Increase Above Increments (\$)						
18 Longevity Increase (\$)						
19 Total Increased Cost for "Other" Items (\$)						
20 Total Increase (\$) (sum of lines 16-19)	<u>53,684</u>	<u>36,194</u>	<u>36,918</u>			

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 126,796 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 7.22 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.4 % [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
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
27	Prescription Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
28	Dental Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
29	Vision Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
30	Total Cost of Insurance	\$ <input type="text"/>	\$ <input type="text"/>

SECTION VII: Medical Costs (continued)

31 Employee Insurance Contributions \$ \$
32 Contributions as % of Total Insurance Cost % %

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

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Mary Susan D'Amore
Position/Title: Labor Relations Specialist
Signature: *Mary Susan D'Amore*
Date: May 21, 2020

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
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016