

**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:	Branchburg Twp. Board of Education	County:	Somerset
2	Employee Organization:	Principals and Vice Principals Association	Number of Employees in Unit:	5
3	Base Year Contract Term:	2017-2018	New Contract Term:	2018-2021

**SECTION II: Type of Contract Settlement (please check only one)**

4	<input checked="" type="checkbox"/>	Contract settled without neutral assistance
5	<input type="checkbox"/>	Contract settled with assistance of mediator
6	<input type="checkbox"/>	Contract settled with assistance of fact-finder
7	<input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>

**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	\$
10	Longevity Costs in Base Year	\$0
11	Total Salary Base	\$

**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)					
13 Cost of Salary Increments (\$)	<\$26,399>	\$16,477	\$16,252		
14 Salary Increase Above Increments (\$)	--	--	--		
15 Longevity Increase (\$)	0	0	0		
16 Total \$ Increase (sum of lines 13-15)	<\$26,399>	\$16,477	\$16,252		
17 New Salary Base (\$)					
18 Percentage increase over prior year	2.95 %	3 %	2.5 %	%	%

*\*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 (\$)
	N/A						
20	Totals(\$):						

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

**SECTION VI: Medical Costs**

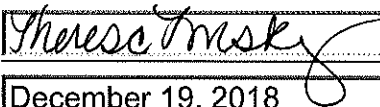
		17-18 Base Year	18-19 Year 1
21	Health Plan Cost	\$ 138,461	\$ 106,103
22	Prescription Plan Cost	\$ 37,051	\$ 30,726
23	Dental Plan Cost	\$ 7,078	\$ 5,662
24	Vision Plan Cost	\$ 1,250	\$ 1,250
25	Total Cost of Insurance	\$ 183,841	\$ 143,742
26	Employee Insurance Contributions	\$ 55,480	\$ 43,762
27	Employee Contributions as % of Total Insurance Cost	30.18 %	30.44 %

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

28 Identify any insurance changes that were included in this CNA.  
None

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Theresa Linskey  
Position/Title: Business Administrator/Board Secretary  
Signature:   
Date: December 19, 2018

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

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