

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

Line #

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

<b>1</b>	Public Employer: <u>Township of Hamilton</u>	County: <u>Atlantic County</u>
<b>2</b>	Employee Organization: <u>Teamsters Local 331, IBT</u>	Number of Employees in Unit: <u>10</u>
<b>3</b>	Base Year Contract Term: <u>1/1/2021 - 12/31/2023</u>	New Contract Term: <u>9/1/2022 - 12/31/2023</u>

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

<b>4</b>	<input checked="" type="checkbox"/> Contract settled without neutral assistance
<b>5</b>	<input type="checkbox"/> Contract settled with assistance of mediator
<b>6</b>	<input type="checkbox"/> Contract settled with assistance of fact-finder
<b>7</b>	<input type="checkbox"/> Contract settled with assistance of super-conciliator
<b>8</b>	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.

<b>9</b>	Salary Costs in Base Year	\$ <u>608,861.25</u>
<b>10</b>	Longevity Costs in Base Year	\$ <u>                    </u>
<b>11</b>	Total Salary Base	\$ <u>608,861.25</u>

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>12</b> Effective Date (month/day/year)	<u>09/01/2022</u>	<u>01/01/2023</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>13</b> Cost of Salary Increments (\$)	<u>42405.27</u>	<u>12559.04</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>14</b> Salary Increase Above Increments (\$)	<u>0.00</u>	<u>0.00</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>15</b> Longevity Increase (\$)	<u>0.00</u>	<u>0.00</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>16</b> Total \$ Increase (sum of lines 13-15)	<u>42405.27</u>	<u>12559.04</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>17</b> New Salary Base (\$)	<u>651,266.52</u>	<u>562,033.19</u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
<b>18</b> Percentage increase over prior year	<u>7.0</u> %	<u>2.3</u> %	<u>                    </u> %	<u>                    </u> %	<u>                    </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 (\$)
	Shift Differential 1	.65	1.25				
	Shift Differential 1 OT	.975	1.88				
	Shift Differential 2	1.15	1.50				
	Shift Differential 2 OT	1.725	2.25				
	Part-Time Rate	17.00-19.00/hr	22.00/hr				
	EMT/Fire Approved Certs	0.00	500.00				
	Meal Voucher	0.00	10.00				
20	<b>Totals(\$):</b>	<b>23.50</b>	<b>538.88</b>				

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

**SECTION VI: Medical Costs**

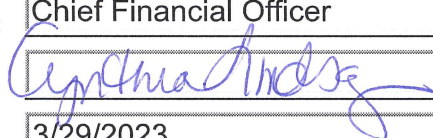
	Base Year	Year 1
21 Health Plan Cost	\$ 190,497.00	\$ 214,388.00
22 Prescription Plan Cost	\$ 33,066.00	\$ 35,929.00
23 Dental Plan Cost	\$ 5,276.00	\$ 7,023.00
24 Vision Plan Cost	\$ 857.00	\$ 1,221.00
25 Total Cost of Insurance	\$ 229,696.00	\$ 258,561.00
26 Employee Insurance Contributions	\$ 26,186.00	\$ 33,529.00
27 Employee Contributions as % of Total Insurance Cost	11.4 %	12.9 %

**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: Cynthia Lindsay  
Position/Title: Chief Financial Officer  
Signature:   
Date: 3/29/2023

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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)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
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