

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: <input type="text" value="Burlington Twp. Board of Education"/>	County: <input type="text" value="Burlington"/>
2	Employee Organization: <input type="text" value="Burlington Twp. Prin. & Sup. Assn."/>	Number of Employees in Unit: <input type="text"/>
3	Base Year Contract Term: <input type="text" value="July 1, 2014-June 30, 2017"/>	New Contract Term: <input type="text" value="July 1, 2017-June 30, 2020"/>

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	\$	<input type="text" value="2,108,772"/>
10	Longevity Costs in Base Year	\$	<input type="text" value="29,750"/>
11	Total Salary Base	\$	<input type="text" value="2,138,522"/>

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)	<input type="text" value="7/1/17"/>	<input type="text" value="7/1/18"/>	<input type="text" value="7/1/19"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="66,060"/>	<input type="text" value="66,060"/>	<input type="text" value="66,060"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="3,500"/>	<input type="text" value="1,750"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="66,060"/>	<input type="text" value="69,560"/>	<input type="text" value="67,810"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="2,204,582"/>	<input type="text" value="2,274,142"/>	<input type="text" value="2,341,952"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="3"/> %	<input type="text" value="3"/> %	<input type="text" value="3"/> %	<input type="text"/>	<input type="text"/>

**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 (\$)
20	Totals(\$):						

**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	\$ 231,199	\$
22 Prescription Plan Cost	\$ 64,342	\$
23 Dental Plan Cost	\$ 22,858	\$
24 Vision Plan Cost	\$	\$
25 Total Cost of Insurance	\$ 318,399	\$
26 Employee Insurance Contributions	\$ 95,520	\$
27 Employee Contributions as % of Total Insurance Cost	30 %	%

Employer:

Employee Organization:

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
-Maintain tier four of P.L. 2011, Chapter 78 for duration of agreement.
-Health benefit opt out waiver payment capped at \$8,500.
-Removal of retiree dental insurance provision.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:
Position/Title:
Signature:
Date:

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