

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: Blue Collar Number of Employees in Unit: 171
 3 Base Year Contract Term: July 1, 2008 - June 30, 2013 New Contract Term: July 1, 2013 - December 31, 2018

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 \$ 10,053,770
 10 Longevity Costs in Base Year \$ 132,230
 11 Total Salary Base \$ 10,186,000

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>7-1-13</u>	<u>1-1-14</u>	<u>1/1/15</u>	<u>1-1-16</u>	<u>7-1-16</u>
13 Cost of Salary Increments (\$)	<u>96,889</u>	<u>98,100</u>	<u>99,326</u>	<u>100,319</u>	<u>101,323</u>
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>117,515</u>	<u>118,984</u>	<u>120,174</u>	<u>121,376</u>
15 Longevity Increase (\$)	<u>20,600</u>	<u>20,600</u>	<u>8,400</u>	<u>8,900</u>	<u>8,900</u>
16 Total \$ Increase (sum of lines 13-15)	<u>117,489</u>	<u>236,215</u>	<u>226,711</u>	<u>229,394</u>	<u>231,599</u>
17 New Salary Base (\$)	<u>9,630,356</u>	<u>9,750,735</u>	<u>9,872,619</u>	<u>9,971,346</u>	<u>10,071,059</u>
18 Percentage increase over prior year	<u>0</u> %	<u>1.25</u> %	<u>1.25</u> %	<u>1</u> %	<u>1</u> %

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

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	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>1-1-17</u>	<u>7-1-17</u>	<u>1/1/18</u>	<u>7-1-18</u>	
13 Cost of Salary Increments (\$)	<u>102,336</u>	<u>103,359</u>	<u>104,646</u>	<u>105,954</u>	
14 Salary Increase Above Increments (\$)	<u>122,590</u>	<u>123,816</u>	<u>125,357</u>	<u>126,924</u>	
15 Longevity Increase (\$)	<u>9,300</u>	<u>9,300</u>	<u>3,000</u>	<u>3,000</u>	
16 Total \$ Increase (sum of lines 13-15)	<u>234,226</u>	<u>236,475</u>	<u>233,003</u>	<u>225,878</u>	
17 New Salary Base (\$)	<u>10,171,770</u>	<u>10,273,487</u>	<u>10,401,392</u>	<u>10,531,410</u>	
18 Percentage increase over prior year	<u>1</u> %	<u>1</u> %	<u>1.25</u> %	<u>1.25</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	48,893	0	611	619	501	506
	Overtime	555,643	129,290	8,562	8,669	7,022	7,092
20	Totals(\$):	604,536	129,290	9,173	9,288	7,523	7,598

**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	\$ 2,311,020	\$ 2,065,545
22	Prescription Plan Cost	\$ 609,120	\$ 740,060
23	Dental Plan Cost	\$ 175,188	\$ 167,582
24	Vision Plan Cost	\$ 16,032	\$ 13,991
25	Total Cost of Insurance	\$ 3,111,360	\$ 2,987,178
26	Employee Insurance Contributions	\$ 0	\$ 548,987
27	Employee Contributions as % of Total Insurance Cost	0 %	18.4 %

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	48,893	511	516	649	660	
	Overtime	555,643	7,163	7,234	9,097	9,247	
20	Totals(\$):	604,536	7,674	7,750	9,746	9,907	

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27	Employee Contributions as % of Total Insurance Cost	0 %	18.4 %

Employer: Township of Hamilton

Employee Organization: Blue Collar

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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:

David J. Kenny

Position/Title:

Business Administration

Signature:

Date:

April 20, 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

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

Revised 8/2016