# New Jersey Public Employment Relations Commission POLICE AND FIRE

# **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #									
	SECTION I: Parties and Term of Contracts								
1	Public Employer: Town of Hammonton county: Atlantic								
2	Employee Organization: Superior Officers Assoc. Number of Employees in Unit: 3								
3	Base Year Contract Term: 12-31-2025								
4	New Contract Term: 1-1-2018								
	SECTION II: Type of Contract Settlement (please check only one)								
5	Contract settled without neutral assistance								
6	Contract settled with assistance of mediator								
7	Contract settled with assistance of fact-finder								
8	Contract settled in Interest Arbitration								
9	If contract was settled in Interest Arbitration, did the Arbitrator issue an Award?								
	SECTION III: Base Salary Calculation								
	The "base year" refers to the final year of the expiring or expired agreement.								
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."								
10	Salary Costs in base year \$ 394,020.00								
11	Longevity Costs in base year \$ 9,000.00								
12	Other base year salary costs								
	Education Styrend \$ 2955.16								
	Other Stipered \$ 12,880.30								
	\$								
	\$								
	Sum of "Other" Costs Listed in Line 12.								
13	Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 418,855.46								

Employer: Town of Hammonton Employee Organization: Superior Officers Assoc Page							Assoc Page 2	
14	SECTION IV: Increase in Base Salary Cost (for each year of New CNA)  Total Base Salary Cost from Line 13:   \$ 41885546							
	Increases Amended Contract	Year 3	Year Ḥ	Year 5	Year Ĺ,	Year 7	Year 🞖	
15	Effective Date (month/day/year)	1-1-20	1-1-91	1-1-33	1-1-23	1-1-24	1-1-25	
16	Cost of Salary Increments (\$)	2.25%	275% Correction	2.50% (PS)	250%	2.50%	2.50%	
17	Salary Increase Above Increments (\$)							
18	Longevity Increase (\$)	300,00	300.00	300.00	300.00	300.00	300.00	
19	Total Increased Cost for "Other" Items (\$)	13,962.17	M,346.12	W,704.75	15,072.35	15,449.17	15,835.46	
20	Total Increase (\$) (sum of lines 16-19)	30,947.17	10,237.12	9582.74	9851.35	10,050.17	10,297.46	
SECTION V: Average Increase Over Term of New CNA								
21	Dollar Increase Over Life of Contract \$\frac{\backslash 0,966.01}{\backslash}\$ [Take sum of all amounts listed on Line 20 above]							
22	Percentage Increase Over Life of Contract [							
23	Average Percentage Increase Per Year							

# SECTION VI: Other Economic Items Outside Base Salary and Increases

#### ←Increases→

24	Item Description	Base Year Cost (\$) <sup>♂</sup>	Year 3	Year 4	Year 号	Year La	Year 7	Year
	Education Style	N 2955.16	He05.57	2477.22	2744.15	2812.75	D883,07	
	Other Stippend	19.880.30	11,356.60	11778.90	11,960.60	12,24,60	12,54.10	
			, , , , , , , , , , , , , , , , , , , ,					
					74			,
				=				
25	Totals (\$):	15,835.4Le	13,962.17	14,346.12	4,704.75	15,072.35	15,449.17	

#### **SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year .3
26	Health Plan Cost	\$ 72,346,48	\$ 125,787.84
27	Prescription Plan Cost	\$ 13,454.50	\$ 12,231,36
28	Dental Plan Cost	\$ 2931.29	\$ 265572
29	Vision Plan Cost	\$ 1027.3Lp	s 933.94p
30	Total Cost of Insurance	\$ 89,769.83	\$ 81,608.88

Employ	yer: Town of Hannanton Employee Organization: Atlantic Page 4
SECTIO	ON VII: Medical Costs (continued)
31 32	Employee Insurance Contributions  \$\frac{30.037.00}{33.5}\times \frac{33.5}{33.5}\times \frac{33.5}{33
33	Identify any insurance changes that were included in this CNA.  Negotiated to go to Not birect 20/30 Plan as Soon as State was able to accompate due to covid F. Changed at Open Enrollment as of 1-1-21.
34	SECTION VIII: Certification and Signature  The undersigned certifies that the foregoing figures are true:
	Print Name: Audray Boyer  Position/Title: Deputy Municipal Clerk  Signature: Audray Boyer  Date: 1-27-21
	Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>
	NI Public Employment Relations Commission

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

# New Jersey Public Employment Relations Commission

# **NON-POLICE AND FIRE**

# COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	•								
	SECTION I: Parties a	nd Term of Contra	acts						
1	Public Employer: Town of Hammonton, County: Atlantic								
2	Employee Organization: Superior Officers Assoc Number of Employees in Unit: 3								
3	Base Year Contract Ter	m: 12-31-20	<b>3</b> \	New Contract Term:	1-1-2018				
	SECTION II: Type of	Contract Settleme	ent (please check o	only one)					
4		SECTION II: Type of Contract Settlement (please check only one)  Contract settled without neutral assistance							
5	Contract settle	Contract settled with assistance of mediator							
6	Contract settle	ed with assistance o	f fact-finder						
7	Contract settled with assistance of super-conciliator								
8	If contract was settled	in fact-finding, did t	he fact-finder issue a	report with recomi	mendations?				
		<b>T</b>	Employment						
	Yes No No			Total Control					
	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 \$ 379,785.00								
10	Longevity Costs in Base	Year	\$ 8600.00						
11	Total Salary Base \$ 358, 385.00								
	SECTION IV: Salary I	ncreases for Each	Year of New Agre	ement*					
		Year 1	Year 2	Year 3	Year 4	Year 5			
12	Effective Date (month/day/year)	1-1-2018	1-1-2019	1-1-2020	1-1-5091				
13	Cost of Salary No Increments (\$) 54065	2.43%	2.25%	2.25%	2.50%				
14	Salary Increase Above		1 (itile)						
15	Increments (\$) Longevity Increase (\$)	300.00	300.00	300.00	300.00				
16	Total \$ Increase	300.00	1300.00	300					
17	(sum of lines 13-15) New Salary Base (\$)	325,367.00	332,933.00	349424.00	349,785.00				
18	Percentage increase over prior year	.43 %	<u> </u>	0 %	50 %	<u>%</u>			
	*If contract duration is	longer than five yea	rs, please add an ad	ditional page.					

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Page 2 of 3 (complete all pages)

Employee Contributions as % of Total Insurance Cost

27

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