

**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 style="width: 95%;" type="text" value="Moorestown Township"/>            | County: <input style="width: 95%;" type="text" value="Burlington"/>               |
| 2 | Employee Organization: <input style="width: 95%;" type="text" value="Public Works Supervisors"/> | Number of Employees in Unit: <input style="width: 15%;" type="text" value="6"/>   |
| 3 | Base Year Contract Term: <input style="width: 95%;" type="text" value="December 2019"/>          | New Contract Term: <input style="width: 95%;" type="text" value="December 2024"/> |

**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 style="width: 95%;" type="text" value="\$527,123"/> |
| 10 | Longevity Costs in Base Year | <input style="width: 95%;" type="text" value="\$8,875"/>   |
| 11 | Total Salary Base            | <input style="width: 95%;" type="text" value="\$535,998"/> |

**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 style="width: 95%;" type="text" value="01/01/2020"/> | <input style="width: 95%;" type="text" value="01/01/2021"/> | <input style="width: 95%;" type="text" value="01/01/2022"/> | <input style="width: 95%;" type="text" value="01/01/2023"/> | <input style="width: 95%;" type="text" value="01/01/2024"/> |
| 13 Cost of Salary Increments (\$)         | <input style="width: 95%;" type="text" value="10,720"/>     | <input style="width: 95%;" type="text" value="10,934"/>     | <input style="width: 95%;" type="text" value="13,941"/>     | <input style="width: 95%;" type="text" value="15,719"/>     | <input style="width: 95%;" type="text" value="16,151"/>     |
| 14 Salary Increase Above Increments (\$)  | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    |
| 15 Longevity Increase (\$)                | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                    |
| 16 Total \$ Increase (sum of lines 13-15) | <input style="width: 95%;" type="text" value="10,720"/>     | <input style="width: 95%;" type="text" value="10,934"/>     | <input style="width: 95%;" type="text" value="13,941"/>     | <input style="width: 95%;" type="text" value="15,719"/>     | <input style="width: 95%;" type="text" value="16,151"/>     |
| 17 New Salary Base (\$)                   | <input style="width: 95%;" type="text" value="546,718"/>    | <input style="width: 95%;" type="text" value="557,652"/>    | <input style="width: 95%;" type="text" value="571,593"/>    | <input style="width: 95%;" type="text" value="587,312"/>    | <input style="width: 95%;" type="text" value="603,463"/>    |
| 18 Percentage increase over prior-year    | <input style="width: 95%;" type="text" value="2"/> %        | <input style="width: 95%;" type="text" value="2"/> %        | <input style="width: 95%;" type="text" value="2.5"/> %      | <input style="width: 95%;" type="text" value="2.75"/> %     | <input style="width: 95%;" type="text" value="2.75"/> %     |

*\*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 (\$) |
|----|------------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|    | Eye Care Reimbursement | 250                 | 250                  | 300                  | 325                  | 350                  | 350                  |
|    | Winter Jacket          | 0                   | 0                    | 120                  | 0                    | 0                    | 0                    |
|    | Meal Allowance         | 6                   | 8                    | 8                    | 8                    | 8                    | 8                    |
|    | Meal Allowance         | 8                   | 10                   | 10                   | 10                   | 10                   | 10                   |
|    | Sick upon retirement   | 10,000              | 15,000               | 15,000               | 15,000               | 15,000               | 15,000               |
|    | Sick sell back         | 5 days              | 10 days              | 10 days              | 10 days              | 10 days              | 10 days              |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
| 20 | <b>Totals(\$):</b>     | <b>10,264</b>       | <b>15,268</b>        | <b>15,438</b>        | <b>15,343</b>        | <b>15,368</b>        | <b>15,368</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                                    | \$146,369 | \$150,028 |
| 22 Prescription Plan Cost                              | \$28,062  | \$28,062  |
| 23 Dental Plan Cost                                    | \$5,156   | \$5,156   |
| 24 Vision Plan Cost                                    | \$        | \$        |
| 25 Total Cost of Insurance                             | \$179,587 | \$183,246 |
| 26 Employee Insurance Contributions                    | \$51,664  | \$50,811  |
| 27 Employee Contributions as % of Total Insurance Cost | 29 %      | 28 %      |

Employer: Moorestown Township

Employee Organization: Public Works Supervisors

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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: Maryann Knell  
Position/Title: Human Resources/Payroll  
Signature: Maryann Knell  
Date: 04/19/2021

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

Revised 8/2016

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2020 thru 12/31/2024.

Employer: Moorestown Township

County: Burlington

Date: 04/19/2021

Name: MaryAnn Knell  
Print Name

Title: HR Payroll

MaryAnn Knell  
Signature