

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 Lower	County:	Cape May County
2	Employee Organization:	Lower Township Recreation Aides	Number of Employees in Unit:	10
3	Base Year Contract Term:	1/1/2012 - 12/31/2016	New Contract Term:	1/1/2017 - 12/31/2020

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	\$ 85,309.21
10	Longevity Costs in Base Year	\$ -
11	Total Salary Base	\$ 85,309.21

SECTION IV: Salary Increases for Each year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	
12	Effective Date (month/day/year)	1/1/2017	1/1/2018	1/1/2019	1/1/2020
13	Cost of Salary Increments (\$)	\$ 6,780.00	\$ 2,034.00	\$ 2,034.00	\$ 2,034.00
14	Salary Increase Above Increments (\$)	\$ -	\$ -	\$ -	\$ -
15	Longevity Increase (\$)	\$ -	\$ -	\$ -	\$ -
16	Total \$ Increase (sum of lines 13-15)	\$ 6,780.00	\$ 2,034.00	\$ 2,034.00	\$ 2,034.00
17	New Salary Base (\$)	\$ 92,089.21	\$ 94,123.21	\$ 96,157.21	\$ 98,191.21
18	Percentage increase over prior year	7.95%	2.21%	2.16%	2.12%

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

Employer: Township of Lower

Employee Organization: Lower Township Recreation Aides

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 (\$)
	N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	Totals (\$):	\$ -	\$ -	\$ -	\$ -	\$ -

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

SECTION VI: Medical Costs - N/A

	Base Year	Year 1
21 Health Plan Cost	<input type="text"/>	<input type="text"/>
22 Prescription Plan Cost	<input type="text"/>	<input type="text"/>
23 Dental Plan Cost	<input type="text"/>	<input type="text"/>
24 Vision Plan Cost	<input type="text"/>	<input type="text"/>
25 Total Cost of Insurance	<input type="text"/>	<input type="text"/>
26 Employee Insurance Contributions	<input type="text"/>	<input type="text"/>
27 Employee Contributions as % of Total Insurance Cost	<input type="text"/>	<input type="text"/>

Employer:

Township of Lower

Employee Organization:

Lower Township Recreation Aides

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SECTION VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this C.N.A.

N/A

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Lauren Read

Position / Title:

CFO, Township of Lower

Signature:



Date:

12/21/2018

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

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 negotiations agreement for the term beginning 1/1/2017 through 12/31/2020

Employer: Township of Lower

County: Cape May County

Date: 12/21/2018

Name: Lauren Read
Print Name

Title: CFO, Township of Lower

Signature: 