New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#							
	SECTION I: Parties	and Term of Cont	racts					
1	Public Employer: De	laware Valley Re	eg HS	County: Hunterdor	1			
2	Employee Organizatio	n: Delaware Valley Re	g Education Assn	Number of Employee	es in Unit: 117			
3	Base Year Contract Te	7/1/2015-6	/30/2018	New Contract Term:	7/1/2018-6/30		1	
	SECTION II: Type of	Contract Settlem	nent (please check	only one)				_
4	Contract set	tled without neutra	l assistance					
5	Contract sett	led with assistance	of mediator					
6	TT.	led with assistance						
7 8		led with assistance	-	a a rapart with recomm	mandations			
0	If contract was settled	in ract-inding, did	the fact-inder issue	e a report with recomi	nenuations			
	Yes No No							_
	SECTION III: Salary	Base						
	The salary base is the		-	expired or expiring agre	eement. This is	the ba	ase cost from which	า
	the parties negotiate t	the salary increases						
9	Salary Costs in Base Ye	ear	\$ 6,803,683					
10	Longevity Costs in Bas	e Year	\$ 0					
11	Total Salary Base		6,803,683					
	SECTION IV: Salary	Increases for Eacl	n Year of New Agr	eement*				
		Year 1	Year 2	Year 3	Year 4		Year 5	
12	Effective Date (month/day/year)	7/1/2018	7/1/2019	7/1/2020				
13	Cost of Salary Increments (\$)	164,773	158,281	143,863				
14	Salary Increase Above Increments (\$)	22,328	33,966	53,670				
15	Longevity Increase (\$)	0	0	0		_		
16	Total \$ Increase (sum of lines 13-15)	187,101	192,247	197,533				
17	New Salary Base (\$)	6,990,784	7,183,031	7,380,564				
18	Percentage increase over prior year	2.75 %	2.75 %	2.75 %		_%	<u></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	Tuition Reimbursement	Base Year Cost (\$)	Year 1 Increase (\$) 10,000	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Home Instruction Rate	\$47/hr	\$50/hr				
	Extra Pay Rate	\$32/hr	\$40/hr				
	Schedule B Stipends	313,584	17,282	-548	3,323		
20	Totals(\$):						

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

Prescription Plan Cost \$ 466,732 \$ 528,030 \$ 91,766 \$ 93,444	SECTION VI: Medical Costs	
22 Prescription Plan Cost \$ 466,732 \$ 528,030 23 Dental Plan Cost \$ 91,766 \$ 93,444		Base Year Year 1
3 Dental Plan Cost \$ 91,766 \$ 93,444	1 Health Plan Cost	\$ 1,621,802 \$ 1,801,754
26 676 27 476	Prescription Plan Cost	\$ 466,732 \$ 528,030
4 Vision Plan Cost \$ 26,676 \$ 27,476	B Dental Plan Cost	\$ 91,766 \$ 93,444
	4 Vision Plan Cost	ş 26,676
5 Total Cost of Insurance \$ 2,206,975 \$ 2,450,7	5 Total Cost of Insurance	\$2,206,975 \$2,450,704
Employee Insurance Contributions \$\\ 382,022 \\ \$\\ 442,000	Employee Insurance Contributions	\$ 382,022 \$ 442,006
7 Employee Contributions as % of Total Insurance Cost 17.31 %	7 Employee Contributions as % of Total Insurance Cost	t 17.31 _% 18.03

Page 2 of 3 (complete all pages)

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