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 71112022 thru 6/30/2025

> Bellman Board of Education Employer.

Camden County.

2/2/2023 Date:

Patrick Dayle
Print Name

Business Administrator/Bound Secretary

New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line#

	SECTION I: Parties	and Term of Contra	acts			
1	Public Employer: B	ellmaur Bou	rd of Ed	County Camo	<i>len</i>	
2	Employee Organizatio	n: BEA - Te	eachers n	lumber of Employee	s in Unit: 116	
3	Base Year Contract Te	rm: 7/1/21- G	130/22	lew Contract Term:	7/1/22-61	30/25
	SECTION II: Type of	Contract Settleme				
4	Contract sett	led without neutral a	assistance			
5	Contract settl	ed with assistance o	f mediator			
6	Contract settl	ed with assistance o	f fact-finder			
7	Contract sottl	ed with assistance o	faunar canadistar			
8	If contract was settled		•	report with recomm	pendations?	
Ū	Yes No L	The many ala t	ne lact imaci 133ac a	report with recomm	icitations:	
	SECTION III: Salary	Base				
	The salary base is the	cost of salaries in the	final year of the exp	ired or expiring agre	ement. This is the l	pase cost from which
	the parties negotiate t	he salary increases.		CONTRACTOR OF THE PROPERTY OF		
9	Salary Costs in Base Ye	ar	\$ 8,579,0	44.0		
10	Longevity Costs in Base	e Year	\$ 1,00	CO . 65		
11	Total Salary Base		\$ 8,580,00	44.00		
1	SECTION IV: Salary	ncreases for Each				
		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	07/01/2022	07/01/2023	07/01/2024		
13	Cost of Salary Increments (\$)	225,505	259,952	241,093		
14	Salary Increase Above Increments (\$)	62,321	36,750	65,825	THE MANAGEMENT OF THE PARTY OF	
15	Longevity Increase (\$)	Charles and a control of the control				
16	Total \$ Increase (sum of lines 13-15)	287,826	2 96,702	306,918	MATERIAL PROPERTY AND DESCRIPTION OF THE PROPERTY AND DESCRIPT	
17	New Salary Base (\$)	8,867,870	9,164,572	9,471,490	THE PARTY OF THE P	ANTONIO DE LA MANAGERIA A SE INDIVIDUA DE PROPRETA CANTANA A ANTONIO A C
18	Percentage increase over prior year	3,35 %	3.35 %	3.35 %	<u>%</u>	%
	*If contract duration is	longer than five yea	rs, please add an ad	ditional 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 (\$)
	Scheduled Stiperds	87561	23 983				
20	Totals(\$): *If contract duration is	87567 s longer than fiv	23983 re years, please ad	dd an additional p	page.		

	SECTION VI: Medical Costs	
		Base Year Year 1
21	Health Plan Cost	5 2194772 5 Same
22	Prescription Plan Cost	\$ 453768 \$ Same
23	Dental Plan Cost	\$ 87312 \$ Same
24	Vision Plan Cost	\$ 11032.80 \$ Same
25	Total Cost of Insurance	\$ 2747104.80 Same
26	Employee Insurance Contributions	\$ 475833.01 s same
27	Employee Contributions as % of Total Insurance Cost	17.4 , Same,

Page 2 of 3 (complete all pages)

Emplo	yer: Ballman	Board of Ed	_ Employee Organization: _	BEA -	Teachers	Page 3
Sectio	on VI: Medical Cost	ts (continued)				
28	Identify any insu	rance changes that were	included in this CNA.			
		None				
		10000				
	SECTION VII: Cer	tification and Signature	2			
29	The undersigned	certifies that the forego	ing figures are true:			
	Print Name:	Patrick Doyl	1e			
	Position/Title:	Business Administr	uter/Board Secretary	•		
	Signature:	1/htte				
	Date:	2/2/202	3			
		ted and signed form ald ts@perc.state.nj.us	ong with an electronic cop	y of the cont	ract and the signed	certification
	NI Dublic Employe	mont Polations Com	ion			
	Conciliation and A	ment Relations Commiss	Sion			
	Concination and P	יו טונו מנוטוז				

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#					
	SECTION I: Parties	and Term of Contr	racts			
1	Public Employer:	Bellmaur Bou	erd of Ed	County Cam	.den	
2	Employee Organizatio	BEA-Adn	nin Assts.	Number of Employe	es ın Unit:	
3	Base Year Contract Te	7/1/21- G	6/30/22	New Contract Term:	7/1/22-6	130/25
	SECTION II: Type or	f Contract Settlem	ent (please check			
4	Contract set	tled without neutral	assistance			
5	Contract sett	tled with assistance o	of mediator			
6	Contract sett	tled with assistance o	of fact-finder			
7		led with assistance o				
8	If contract was settled		•	a report with recom	mendations?	
		The same of the sa	are rate initial issue	a report with recom	mendations.	
	Yes No No					
	SECTION III: Salary		- £:			- h
	the parties negotiate		e final year of the ex	xpired or expiring agi	reement. This is th	ie base cost from which
9	Salary Costs in Base Yo	ear	\$ 276,7	89		
10	Longevity Costs in Bas	e Year	ş <u> </u>			
11	Total Salary Base		\$ 276,78	39		
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*		
		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	7/1/22	7/1/23	7/1/24		
13	Cost of Salary Increments (\$)	2,607	2,604	2,605		
14	Salary Increase Above Increments (\$)	7,088	7,437	7,759		
15	Longevity Increase (\$)	-				
16	Total \$ Increase (sum of lines 13-15)	9,695	10,041	10,364		
17	New Salary Base (\$)	286,484	296,525	306,889		
18	Percentage increase over prior year	3.5 %	3.5 %	3.5 %	9	%%
	*If contract duration is	s longer than five ye	ars, please add an a	dditional page.		

		\sim	/A				
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	<i>Year 2</i> Increase (\$)	<i>Year 3</i> Increase (\$)	<i>Year 4</i> Increase (\$)	<i>Year 5</i> Increase (\$)
					The state of the s		
20	Totals(\$):						
			<u>-</u>		<u>-</u>	<u> </u>	<u>'</u>

^{*}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	5 2194992 5 Same
22	Prescription Plan Cost	5 453768 5 Same
23	Dental Plan Cost	5 87312 5 5ame
24	Vision Plan Cost	5 11032.80 5 Same
25	Total Cost of Insurance	\$ 2747104.80 \$ Same
26	Employee Insurance Contributions	5 47583301 5 Same
27	Employee Contributions as % of Total Insurance Cost	17.4 % Same %
		

NJ Public Employment Relations Commission

Conciliation and Arbitration

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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:	Bellmaur Bou	and of Ed	County: Cam	.den	
2	Employee Organization	on: BEA-C	s tedians	Number of Employe		AND AND STATE OF THE STATE OF T
3	Base Year Contract Te	7/1/21- G	6/30/22	New Contract Term	7/1/22-6	130/25
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)		
4	Contract set	tled without neutral	assistance			
5	Contract sett	tled with assistance of	of mediator			
6	Contract sett	tled with assistance of	of fact-finder			
7	Contract sett	led with assistance o	of super-conciliator			
8	If contract was settled		·	a report with recom	mendations?	
	Yes No L					
-	SECTION III: Salary	Base				
	The salary base is the	cost of salaries in th	e final year of the ex	xpired or expiring ag	reement. This is th	ne base cost from which
	the parties negotiate	the salary increases.	The second secon			
9	Salary Costs in Base Ye	ear	\$ 419 879	COCOMO CANONA DE SA TOL CUNICA MARCALINA T		
10	Longevity Costs in Bas	e Year	\$			
11	Total Salary Base		\$ 419 879	<u> </u>		
	SECTION IV: Salary	Increases for Each	Year of New Agr	eement*		
		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	71.122	7/1/23	7/1/24		
13	Cost of Salary Increments (\$)	4,342	4,500	4,500		
14	Salary Increase Above Increments (\$)	10,360	10,730	11,239	THE COLUMN TWO IS NOT	TRANSFORM TO THE PROPERTY OF T
15	Longevity Increase (\$)					
16	Total \$ Increase (sum of lines 13-15)	14,702	15,230	15,739	NAME OF THE PARTY	MANUAL PROPERTY OF THE PROPERT
17	New Salary Base (\$)	434,581	449,811	465,550		ACCOUNT OF THE PROPERTY OF THE
18	Percentage increase over prior year	3.5 %	3.5 %	3.5 %		%
	•					
	*If contract duration i	s longer than five ye	ars, please add an a	ıddıtıonal page.		

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

			None Year 1				
19	Item Description	Base Year Cost (\$)		Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
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	The second secon	MALICEAN AND AND AND AND AND AND AND AND AND A				Angelescouristisches der face dan face dan fere dan ferende der	
	National Appellation and Adding Application and Association an		Telephone de la companie de la compa	The state of the s		Practical language particular about concentration of	CONTROL TO A CONTROL OF THE CONTROL OF T
	PERSONAL PROPERTY AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION	THE STATE OF THE S	A WARRING OF PRINCIPLE HARRING WARRING CONTINUES.	TOTAL CONTRACTOR OF THE PARTY O	AND THE SECOND PROPERTY OF THE SECOND PROPERT	THE RESERVE OF THE PERSON OF T	WHAT AND THE STREET STREET
		ACCUPATION AND A MARK OF THE AND AND AN ARTHUR AND COLUMN TO A		THE RESERVE AND THE PROPERTY OF THE PROPERTY O	AND ACTUAL PROPERTY AND AC	A CONTROL COMMENTAL PROPERTY AND ADDRESS OF STREET	
	AND DOLLARS DAVID DESCRIPTION OF THE OWNER OWNER OF THE OWNER	THE RESIDENCE OF THE PROPERTY	20000000000000000000000000000000000000	Annual Street State State Street Stre		Parameter and the second secon	
20	Totals(\$):	MANAGEMENT CONTROL OF THE STATE					

^{*}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	\$ 2194992 \$ 5ame
22	Prescription Plan Cost	\$ 453768 \$ Same
23	Dental Plan Cost	\$ 87312 \$ same
24	Vision Plan Cost	\$ 11032.80 \$ Same
25	Total Cost of Insurance	\$ 2,747,104.80 Same
26	Employee Insurance Contributions	5 475833.01 5 Same
27	Employee Contributions as % of Total Insurance Cost	17.4 % Same %

Page 2 of 3 (complete all pages)

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

atrick

Position/Title:

Business Administrator/Board Secretary

Signature:

Date:

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

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Trenton, NJ 08625

Phone: 609-292-9898

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COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#						
	SECTION I: Parties	and Term of Co	ntracts				
1	Public Employer:	ellmaur B	bound of Ed	County: Came	den		-
2	Employee Organizatio	BEA-P	araprofessionals	Number of Employee	es in Unit: 8	Name of the Control o	· -
3	Base Year Contract Te	rm: 7/1/21-	G/30/22	New Contract Term:	7/1/22-6	130/25	. _
	SECTION II: Type of	Contract Settle	ement (please check	only one)			
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6	Contract sett	led with assistance	ce of fact-finder				
7	Contract settl	ed with assistanc	ce of super-conciliator				
8	If contract was settled		•		mendations?		
	Yes No						
	SECTION III: Salary	Base					
	The salary base is the		· ·	expired or expiring agree	eement. This is th	ne base cost from	which
	the parties negotiate t	ne salary increas	The state of the s				
9	Salary Costs in Base Ye	ar	\$ 230,7	/60			
10	Longevity Costs in Base	e Year	\$				
11	Total Salary Base		\$ 230,7	160			
	SECTION IV: Salary	Increases for Ea	ach Year of New Agi	eement*			
40	500 A D	Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	7/1/22	7/1/23	7/1/24			
13	Cost of Salary Increments (\$)	368	368	368			THE PERSON NAMED IN COLUMN 1
14	Salary Increase Above Increments (\$)	7,700	1,998	8,296			
15	Longevity Increase (\$)		American (American Const. American Const. Accessory of the Const.			MARINE COLOR DE COMPANION DE CONTRACTOR DE C	
16	Total \$ Increase (sum of lines 13-15)	8,068	8,366	8,664			
17	New Salary Base (\$)	238,828	247,194	255,858			DOMASTICATIVA P
18	Percentage increase over prior year	3.5	3.5 %	3.5 %		%	%
		alangan the section		n deliti a a al a sece			
	*If contract duration is	ionger than jive	years, piease aaa an o	uaitionai page.			

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

	Nove 19 Item Description Base Year Year 1 Year 2 Year 3 Year 4 Year 5							
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)	
20	Totals(\$):							

^{*}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	\$ 2194992	s same
22	Prescription Plan Cost	\$ 453768	s Same
23	Dental Plan Cost	\$ 87312	same
24	Vision Plan Cost	\$ 11032.80	s Sane
25	Total Cost of Insurance	\$ 2,747,104.8	s Same
26	Employee Insurance Contributions	\$ 475833·°	Same
27	Employee Contributions as % of Total Insurance Cost	17.4 %	Same %

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