

## 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 7/1/2019 thru 6/30/2020.

Employer: Central Regional BJE  
County: OREGON  
Date: 10/10/2019  
Name: Kevin Oshra  
Print Name  
Title: BA/BS  
[Signature]  
Signature

**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: Central Regional BOE County: Ocean  
 2 Employee Organization: Central Regional Bus Driver Association Number of Employees in Unit: 25  
 3 Base Year Contract Term: 2018-19 New Contract Term: 2019-20

**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 \$ 647,690  
 10 Longevity Costs in Base Year \$ 0  
 11 Total Salary Base \$ 647,690

**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)	<u>07/01/2019</u>				
13 Cost of Salary Increments (\$)	<u>19,172</u>				
14 Salary Increase Above Increments (\$)	<u>1,554</u>				
15 Longevity Increase (\$)	<u>3,000</u>				
16 Total \$ Increase (sum of lines 13-15)	<u>23,726</u>				
17 New Salary Base (\$)	<u>671,416</u>				
18 Percentage increase over prior year	<u>3.70</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	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	\$ 321,754	\$ 321,754
22 Prescription Plan Cost	\$ 107,964	\$ 107,964
23 Dental Plan Cost	\$ 21,125	\$ 21,125
24 Vision Plan Cost	\$ 1,761	\$ 1,761
25 Total Cost of Insurance	\$ 452,604	\$ 452,604
26 Employee Insurance Contributions	\$ 23,710	\$ 23,710
27 Employee Contributions as % of Total Insurance Cost	5.24 %	5.24 %

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.  
Family Coverage is now permitted after year one of employment for all members of the unit. This was necessary to attract more applicants to address the nationwide bus driver shortage.

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name: Kevin O'Shea  
Position/Title: BA/BS  
Signature:   
Date: 10/10/2019

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