## 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 1/10/2018 thru 12/31/2020.

Employer: The Sheriff Of The County Of Morris

County: Morris

Date: 3/26/2019

Name: Mary Susan D'Amore

Print Name

Title: Labor Relations Specialist

# New Jersey Public Employment Relations Commission POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #		
	SECTION I: Parties and Term of Contracts	
1	Public Employer: The Sheriff of the County of Morris	County: Morris
2	Employee Organization: Morris County PBA 151	Number of Employees in Unit: 58
3	Base Year Contract Term: 1/1/15-12/31/17	
4	New Contract Term: 1/1/18-12/31/20	
	SECTION II: Type of Contract Settlement (please	check only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbitr	ator issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	pired agreement.
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base or table and any amount provided pursuant to a salary incredit shall also include any other item agreed to by the parties, understood by the parties in the prior contract. Base salary health and medical insurance costs."	se salary' means the salary provided pursuant to a salary guide ement, including any amount for longevity or length of service. or any other item that was included in the base salary as shall not include non-salary economic issues, pension and
10	Salary Costs in base year	\$ 3,693,405
11	Longevity Costs in base year	\$ 4332
12	Other base year salary costs	
	\$	
	Ś	
	s	
	\$	
	Sum of "Other" Costs Listed in Line 12.	\$
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 3,697,737

<b>SECTION IV: Increase in Base Sala</b>	ry Cost (for each	year of New CNA)
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Total Base Salary Cost from Line 13: 14

3,697,737

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	1/1/18	1/1/19	1/1/20		Additional and the second seco	
16	Cost of Salary Increments (\$)	22,718	123,240	246,097			
17	Salary Increase Above Increments (\$)		:				:
18	Longevity Increase (\$)			:			:
19	Total Increased Cost for "Other" Items (\$)		:				
20	Total Increase (\$) (sum of lines 16-19)	22,718	123,240	246,097			

## **SECTION V: Average Increase Over Term of New CNA**

21	Dollar Increase Over Life of Contract	\$ 392,053	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contrac	10.6 %	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	3.5	[Divide percentage on Line 22 by number of years of
			the contract]

#### ←Increases→

					\ IIIC	cuscs /		
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
			1			:		
		:		: :		:		
		:				3		A Andrew Control of the Control of t
		:	:					
			:	:		:		-
	:		M. 22/24/44/44/44/44/44/44/44/44/44/44/44/4					:
			<u> </u>	A comment of the state of the s			:	:
	4			:			i	
25	Totals (\$):	:	·				. :	

#### **SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$	\$
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$	Ś

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Emplo	oyer: The Sheriff Of The County Of Morris Employee Organization: Morris County PBA 151	Page 4
SECTI	ION VII: Medical Costs (continued)	
31 32	Employee Insurance Contributions \$ \$ \$ \$ \$ \$ \$ \$ Contributions as % of Total Insurance Cost % %	
33	Identify any insurance changes that were included in this CNA.	
33	identity any insurance changes that were included in this CNA.	
		Add and determine
34	SECTION VIII: Certification and Signature  The undersigned certifies that the foregoing figures are true:	
	Print Name: Mary Susan D'Amore  Resition /Title: Labor Relations Specialist	
	Signature: March 26,/2019  Date: Cabor Relations Specialist  March 26,/2019	
	Send this completed and signed form along with an electronic copy of the contract and the sign certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>	ned
	NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429	
	Treates NI 0000	

Trenton, NJ 08625

Phone: 609-292-9898

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