## 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: Township of Hamilton	County: Atlantic
2	Employee Organization:	Number of Employees in Unit: 2
3	Base Year Contract Term: 01/01/2017 to 12/31/2019	
4	New Contract Term: 01/01/2020 to 12/31/2022	
	SECTION II: Type of Contract Settlement (please	e 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	rator issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	xpired 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 rement, including any amount for longevity or length of service.  To any other item that was included in the base salary as a systall not include non-salary economic issues, pension and
10	Salary Costs in base year	\$ 236,368.00
11	Longevity Costs in base year	\$
12	Other base year salary costs	
	College \$ 5,000.00	
	\$	
	4	
	S	
	Sum of "Other" Costs Listed in Line 12.	\$ 5,000.00
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 241,368.00

### SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$

\$ 241,368.00

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	01/01/2020	01/01/2021	01/01/2022			
16	Cost of Salary Increments (\$)	7,742.00	5,490.00	5,618.00	\$4. n. mg/QF	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
17	Salary Increase Above Increments (\$)			** ** \$			A
18	Longevity Increase (\$)	Management August Programme		. A . "		2000 - 100 -	
19	Total Increased Cost for "Other" Items (\$)				AMERICAN AND AND AND AND AND AND AND AND AND A	**************************************	MA SCHOOL STATE SERVICE STATE SERVICE STATE SERVICE STATE ST
20	Total Increase (\$) (sum of lines 16-19)	7,742.00	5,490.00	5,618.00		- Company of the Comp	

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

21	Dollar Increase Over Life of Contract	\$ 18,850.00	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contra	ct 7.81 %	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	2.60	[Divide percentage on Line 22 by number of years of
			the contract]

		( increases /						
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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25	Totals (\$):		100 000		7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Section 1	HALL SECTION OF THE S	-

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

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 10,000.00	\$ 10,000.00
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	<b>\$</b> 10,000.00	<b>\$</b> 10,000.00

Emplo	oyer: Township of Hamilton	Employee Organization: NJ State Policemen's Benevolent Assoc. Mainland Local #77 (Lieutenant) Page 4
SECTI	ON VII: Medical Costs (continued)	
31	Employee Insurance Contributions	\$ <u>0</u> \$ <u>0</u>
32	Contributions as % of Total Insurance Cost	0 %
33	Identify any insurance changes that wer	'e included in this CNA.
34	SECTION VIII: Certification and Signate The undersigned certifies that the fore Print Name: Dorothy S. Gallagher	
	Chief Financial Officer	· · · · · · · · · · · · · · · · · · ·
	Position/Title: Chief Financial Officer	
	Signature: 09/30/2020 09/30/2020	Dooogan
	Send this completed and signed form a certification form to: contracts@perc.	along with an electronic copy of the contract and the signed .state.nj.us
	NJ Public Employment Relations Comm Conciliation and Arbitration PO Box 429	ission

**Revised 8/2016** 

Phone: 609-292-9898

# 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 thru alama thru thru alama.

Employer:	Township of Hamilton
County:	Atlantic
Date:	9/30/2020
Name:	Dorothy S. Gallagher Print Name
Title:	Chief Financial Officer
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