

## 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 7/1/2016 thru 6/30/2020.

Employer: Middlesex County Board of Social Services

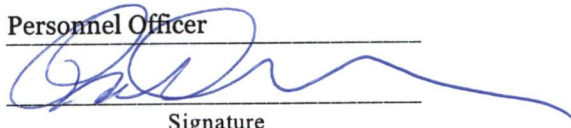
County: Middlesex

Date: 3/10/2017

Name: Patricia Byrd

Print Name

Title: Personnel Officer



Signature

*Supervisory*