## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

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	SECTION I: Parties a	and Term of Contr	acts						
1	Public Employer: Tov	loyer: Township of Millburn		County: Essex					
2	Employee Organizatio	Employee Organization: Local 125, Teamste		ters Union Number of Employees in Unit: 31					
3	Base Year Contract Te	Year Contract Term: 2020			New Contract Term: 1/1/2021-12/31/2026				
	SECTION II: Type of	Contract Settlem	ent (please check	only one)					
4	Contract sett	Contract settled without neutral assistance							
5	Contract sett	Contract settled with assistance of mediator							
6	Contract sett	Contract settled with assistance of fact-finder							
7		Contract settled with assistance of super-conciliator							
8	If contract was settled		•	a report with r	ecommendati	ions?			
	Yes No No			·					
	SECTION III: Salary	Base							
	The salary base is the the parties negotiate t		-	pired or expiri	ng agreement	. This is the b	base cost fro	m which	
9	Salary Costs in Base Ye	alary Costs in Base Year \$2,571,8		18					
10	Longevity Costs in Base Year		\$ 105,856.25	ş 105,856.25					
11	Total Salary Base		\$ 2,677,704.2	5					
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*					
		Year 1	Year 2	Year 3	Year 4	1	Year 5		
12	Effective Date (month/day/year)	**Extra pg**	1/1/2026						
13	Cost of Salary		0						
	Increments (\$)				_				
14	Salary Increase Above Increments (\$)		76,034.49						
15	Longevity Increase (\$)		3,354.65						
16	Total \$ Increase (sum of lines 13-15)		79,389.14						
17	New Salary Base (\$)		3,254,954.88						
18	Percentage increase over prior year	%	2.5 %		%	%		<u>%</u>	
	*If contract duration i	s longer than five ve	ars nlease add an a	dditional naae					

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## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	#							
	SECTION I: Parties	and Term of Cont	racts					
1	Public Employer:			County:				
2	Employee Organization:			Number of Employees in Unit:				
3	Base Year Contract Te	Base Year Contract Term:			erm:			
	SECTION II: Type of	f Contract Settlen	nent (please ch	eck only one)				
4	Contract set	Contract settled without neutral assistance						
5	Contract sett	Contract settled with assistance of mediator						
6	Contract sett	led with assistance	of fact-finder					
7	Contract sett	led with assistance	of super-conciliat	tor				
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 the parties negotiate		-	e expired or expiring	g agreement. This is	the base cost from which		
9	Salary Costs in Base Yo	ear	\$					
10	Longevity Costs in Bas	Longevity Costs in Base Year						
11	Total Salary Base		\$					
	SECTION IV: Salary	Increases for Eac	h Year of New /	Agreement*				
42	Effective Dete	Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)							
13	Cost of Salary							
14	Increments (\$) Salary Increase Above							
	Increments (\$)							
15	Longevity Increase (\$)							
16	Total \$ Increase (sum of lines 13-15)							
17	New Salary Base (\$)				_			
18	Percentage increase over prior year	%		%	%	% %		
	*If contract duration i	is longer than five y	ears, please add (	an additional page.				

Emple	oyer:		Employ	ee Organization:			Page 2		
	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(\$):								
20	*If contract duration	n is longer than f	ive years, please ad	ld an additional p	age.				
	SECTION VI: Med	ical Costs							
21	Health Plan Cost			Base Year \$	Year 1				
22	Prescription Plan Co	ost		\$	\$				
23	Dental Plan Cost			\$	\$				
24	Vision Plan Cost			\$	<u>\$</u>				
25	Total Cost of Insura	nce		\$	ş ş				
26	Employee Insurance	e Contributions		\$	ş ş				
27	Employee Contribu	utions as % of Tot	cal Insurance Cost		<u></u> %	<u></u> %			

Page 2 of 3 (complete all pages)

Employe	er:		Employee Organization:		Page 3
Section	VI: Medical Cos	sts (continued)			
28	Identify any ins	urance changes that were in	ncluded in this CNA.		
	SECTION VII: Co	ertification and Signature			
29	The undersigned	d certifies that the foregoi	ing figures are true:		
	Print Name:				
	Position/Title:				
	Signature:	Matthew Laracy			
	Date:				
	Sand this comp	loted and signed form alo	ang with an electronic co	opy of the contract and the signed cert	tification
		icts@perc.state.nj.us	mg with an electronic co	py of the contract and the signed cert	uncation
	NI Public Emplo	yment Relations Commiss	sion		
	Conciliation and				
	PO Box 429				
	Trenton, NJ 086	25			

Revised 8/2016

Phone: 609-292-9898