New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#								
	SECTION I: Parties	and Term of Cont	racts						
1	Public Employer: Borough of Shrewsbury			County: Monmouth					
2	Employee Organization: AFL CIO CLC Local 32			Number of Employees in Unit:					
3	Base Year Contract Te	erm: 1/1/2019-12	2/31/2021	New Contract Term: 1/1/2022-12/31/2024					
	SECTION II: Type o	f Contract Settlem	nent (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 settle	d in fact-finding, did	the fact-finder issue	a report with re	ecommendations?				
	Yes No								
,	SECTION III: Salary Base								
	The salary base is the the parties negotiate			xpired or expirin	g agreement. This is	the base cost from whi	ch		
9	Salary Costs in Base Y	·	\$ 232,913	200000000000000000000000000000000000000					
10	Longevity Costs in Base Year \$0								
11	Total Salary Base		ş <mark>232,913</mark>						
	SECTION IV: Salary	Increases for Eacl	h Year of New Agr	eement*					
		Year 1	Year 2	Year 3	Year 4	Year 5			
12	Effective Date (month/day/year)	01/01/2022	01/01/2023				_		
13	Cost of Salary Increments (\$)	12,963	1,928				P42		
14	Salary Increase Above	4,941	5,057				=		
15	Increments (\$) Longevity Increase (\$)	0	0						
16	Total \$ Increase	17,904	6,985				=		
	(sum of lines 13-15)			<u> </u>			_		
17	New Salary Base (\$)	250,817	257,807						
18	Percentage increase over prior year	7.13 %	2.78 %		_%	% %	ó		
	*If contract duration I	is longer than five ve	ears, please add an a	ıdditional paae.					

Employee Organization:

Teamsters Local 177

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Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA. No insurance changes were included in this collectively negotiated agreement.										

SECTION VII: Certification and Signature

The undersigned certifies that the foregoing figures are true:

Print Name:

Louis Palazzo

Position/Title:

Chief Financial Officer

Signature:

dains valuros

Date:

06/09/2022

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

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

O BOX 123

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

Employee Organization:

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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	\$ 51408	\$ 53,689
22	Prescription Plan Cost	\$ 0	\$0
23	Dental Plan Cost	\$ 3,141	\$ 3,196
24	Vision Plan Cost	\$ 0	\$0
25	Total Cost of Insurance	\$ 54,549	\$ 56,885
26	Employee Insurance Contributions	ş 10,886	\$ 12,218
27	Employee Contributions as % of Total Insurance Cost	19.95	21.47 %