## New Jersey Public Employment Relations Commission

## **NON-POLICE AND FIRE**

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	#							
	SECTION I: Parties and Term of Contracts							
1	Public Employer:	Public Employer: Califon BOE			county: Hunterdon			
2	Employee Organization	Employee Organization: Califon Ed Assoc			Number of Employees in Unit:			
3	Base Year Contract Tel	rm: 7/1/20 -	6/30/22	New Contract Term:	7/1/22 -	6/30/25		
	SECTION II: Type of	Contract Settleme	ent (please check o	only one)		•		
4	Contract sett	Contract settled without neutral assistance						
5	Contract settl	led with assistance o	f mediator					
6	Contract settl	led with assistance o	of fact-finder					
7	Contract settl	ed with assistance of	f super-conciliator					
8	If contract was settled		-	a report with recomn	nendations?			
	Yes No L			,				
<del> </del>								
	SECTION III: Salary Base  The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which							
	the parties negotiate t							
9	Salary Costs in Base Ye	ear \$ 1,085,700						
10	Longevity Costs in Bas	e Year \$						
11	Total Salary Base	Base \$ 1,085,700						
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*				
4.5	5% 5	Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	7-1-22	7-1-23	7-1-24				
13	Cost of Salary Increments (\$)	35 286	36,430	37,620				
14	Salary Increase Above Increments (\$)			Commence in recommendation of the comment of the co				
15	Longevity Increase (\$)		The maintain and the second and the					
16	Total \$ Increase	35,286	36,430	37,620				
17	(sum of lines 13-15) New Salary Base (\$)	1,120,986	1,157,417	1,195,037				
18	Percentage increase over prior year	3.25 %	3.25 %	3.25 %	<u>%</u>	%		
	*If contract duration is longer than five years, please add an additional page.							

Employe	er: Califo	n BOE	Employee Organizat	ion: Califon	Ed .	Assoc	Page 3
Section	VI: Medical Cos	sts (continued)					
28	Identify any ins	urance changes tha	t were included in this CNA.				
	Renefit	Waiver re	moved				
	00.10						
	SECTION VIII C	ertification and Sig	gnature				
29			foregoing figures are true:				
	Print Name:	Cheryl	Zarra	assacron curiability of the			
	Position/Title:	Business	Administrator	and a second times			
		0	Zave	vitaziana considerent			
	Signature:	Jacq 1	22	acacacainochamme'			
	Date:	1/27/					
	Send this comp	leted and signed f	form along with an electron	ic copy of the con	tract and	I the signed c	ertification
		acts@perc.state.n					
	NJ Public Emplo	oyment Relations (	Commission				
	Conciliation and						
	PO Box 429						
	Trenton, NJ 086	525					

Phone: 609-292-9898

Revised 8/2016

Califor BOE

Employee Organization:

Californ Ed Assuc

## 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 (\$)
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20	Totals(\$):						
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<sup>\*</sup>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	s 224,160	\$ 240,900
22	Prescription Plan Cost	s 37,488	\$ 32,448
23	Dental Plan Cost	\$ 7,980	\$ 7,980
24	Vision Plan Cost	\$ N/A	\$ N/A
25	Total Cost of Insurance	\$ 269,628	\$ 281, 328
26	Employee Insurance Contributions	\$ 54,952	\$ 55,871
27	Employee Contributions as % of Total Insurance Cost	20.4 %	19.9 %

Page 2 of 3 (complete all pages)