

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 1/1/18 thru 12/31/20.

1/1/18 - 12/31/20

Employer: County of Morris & /Sheriff County of Morris

County: Morris

Date: 1/27/2020

Name: Mary Susan D'Amore
Print Name

Title: Labor Relations Specialist

Mary Susan D'Amore
Signature