## New Jersey Public Employment Relations Commission

## NON-POLICE AND FIRE

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	e #						
	SECTION I: Partie	s and Term of Con	tracts				
1	Public Employer:	landulph T	anship	County: Mor	r.s.		
2	Employee Organizat	ion: RTSE/	7	Number of Employ	ees in Unit: 14		
3	Base Year Contract 1	Tille (	The state of the s	New Contract Term	11.18 to 1	2-31-20	
09.1	SECTION II: Type	of Contract Settler	nent (please check		***************************************		
4	TK //	ttled without neutra				;•∜	
5	Contract se	ttled with assistance	of mediator				
_	. ПП						
6	Contract se	ttled with assistance	of fact-finder			8	
7	Contract settled with assistance of super-conciliator						
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	cost of salaries in th	ne final year of the ex	pired or expiring ag	reement. This is the	base cost from which	
	the parties negotiate	the salary increases	,	21		2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 2	
9	Salary Costs in Base Y	'ear	\$ 1,1512	85			
10	Longevity Costs in Ba	se Year	\$ 0				
11	Total Salary Base	18	\$ 1,151 2	85			
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*	3		
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1.1.18	1-1-19	11.20			
13	Cost of Salary	0	0	0		Section 2012 to the section with a section and section	
14	Increments (\$) Salary Increase Above	0	0				
15	Increments (\$)			0	<u></u>	<u></u>	
		0	0	0			
16	Total \$ Increase (sum of lines 13-15)		0	U			
17	New Salary Base (\$)	1,182 291	1207,528	1234506			
18	Percentage increase over prior year	2.49 %	2.13 %	2,23 %	%	<u> </u>	
	*If contract duration is	longer than five yed	ars, please add an ad	lditional page.		30 T T T T T T T T T T T T T T T T T T T	

25.51

28.03

25

26

27

Total Cost of Insurance

**Employee Insurance Contributions** 

Employee Contributions as % of Total Insurance Cost

	Identify any insurance changes that were included in this CNA.				
	· · · · · · · · · · · · · · · · · · ·				
	SECTION VII: Certification and Signature				
	The undersigned certifies that the foregoing figures are true:				
	Dress Maler				
	Print Name: Laccer Maloney				
	Position/Title: CFO/ Finance Drector				
	Signature: - See attached Certifica				
	Date: 5.17-18				
-					
	Send this completed and signed form along with an electronic copy of the contract and the signed certific				
	form to: contracts@perc.state.nj.us				

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016