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 beginning1/1/2013 thru12/31/2017	
Employer:	County of Hudson
County:	Hudson
Date:	3/13/2017
Name:	Patrick M. Sheil Print Name
Title:	Director of Labor Relations Out M. Slavel Signature