

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: County:

2 Employee Organization: Number of Employees in Unit:

3 Base Year Contract Term: New Contract Term:

SECTION II: Type of Contract Settlement (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 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 the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$

10 Longevity Costs in Base Year \$

11 Total Salary Base \$

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text" value="July 1, 2019"/>	<input type="text" value="July 1, 2020"/>	<input type="text" value="July 1, 2021"/>	<input type="text" value="July 1, 2022"/>	<input type="text" value="July 1, 2023"/>
13 Cost of Salary Increments (\$)	<input type="text" value="563,962"/>	<input type="text" value="529,975"/>	<input type="text" value="530,086"/>	<input type="text" value="546,464"/>	<input type="text" value="568,685"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="302,840"/>	<input type="text" value="408,801"/>	<input type="text" value="416,658"/>	<input type="text" value="429,979"/>	<input type="text" value="434,930"/>
15 Longevity Increase (\$)	<input type="text" value="66,100"/>	<input type="text" value="86,550"/>	<input type="text" value="69,700"/>	<input type="text" value="75,200"/>	<input type="text" value="51,400"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="932,902"/>	<input type="text" value="1,025,326"/>	<input type="text" value="1,016,444"/>	<input type="text" value="1,051,643"/>	<input type="text" value="1,055,015"/>
17 New Salary Base (\$)	<input type="text" value="28,052,497"/>	<input type="text" value="29,077,823"/>	<input type="text" value="30,094,267"/>	<input type="text" value="31,145,910"/>	<input type="text" value="32,200,925"/>
18 Percentage increase over prior year	<input type="text" value="3.24"/> %	<input type="text" value="3.4"/> %	<input type="text" value="3.3"/> %	<input type="text" value="3.3"/> %	<input type="text" value="3.3"/> %

**If contract duration is longer than five years, please add an additional page.*

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 (\$)
	Extracurricular	1,297,040	12,970	13,100	13,231	13,363	13,497
20	Totals(\$):	1,297,040	12,970	13,100	13,231	13,363	13,497

*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	\$6,770,886	\$6,557,480
22	Prescription Plan Cost	\$2,052,486	\$2,056,807
23	Dental Plan Cost	\$350,984	\$317,668
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$9,174,356	\$8,931,955
26	Employee Insurance Contributions	\$1,835,328	\$2,098,959
27	Employee Contributions as % of Total Insurance Cost	20%	23.5%

Employer:

Employee Organization:

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

- Employee contributions toward insurance to remain at Tier IV of Chapter 78 for the duration of the agreement.
- Effective for any employee hired after July 1, 2019, health benefit opt out waiver payment capped at \$5,000.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Position/Title:

Signature:

Date:

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
Trenton, NJ 08625
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