

Line

1 Public Employer: Newkensbury Township

2 Employee Organization: PBA Local 386

3 Base Year Contract Term: Jan 1, 2020 - Dec 31, 2023

4 New Contract Term: Jan 1, 2024 - Dec 31, 2027

Number of Employees in Unit: 12

8 Contract settled in Interest Arbitration

Yes  No 

Page 1 of 4 (complete all pages)

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 1,065,385.92

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>	<u>1/1/2027</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>87,950.09</u>	<u>92,975.54</u>	<u>94,144.00</u>	<u>99,520.00</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>8,584.42</u>	<u>8,863.47</u>	<u>13,247.94</u>	<u>13,678.54</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>96,534.51</u>	<u>101,839.00</u>	<u>107,391.94</u>	<u>113,198.54</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 418,963.99 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 39.33 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 9.83 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

		←Increases→						
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Physical Reimbursement	2,200	2,200	2,200	2,200	2,200		
	CPR/Defibrillator Certified	4,950	4,950	4,950	4,950	4,950		
	EMT-Defibrillator Certified	6,600	6,600	6,600	6,600	6,600		
	Unreimbursed Expenses	2,750	2,750	2,750	2,750	2,750		
	Clothing Reimbursement	13,200	13,200	13,200	13,200	13,200		
	Eye glass reimbursement	1,650	1,650	1,650	1,650	1,650		
	Eye exam Reimbursement	2,750	2,750	2,750	2,750	2,750		
25	Totals (\$):	34,100	34,100	34,100	34,100	34,100		

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$168,658.91	\$174,534.96
27	Prescription Plan Cost	\$0	\$0
28	Dental Plan Cost	\$8,159.88	\$8,159.88
29	Vision Plan Cost	\$0	\$0
30	Total Cost of Insurance	\$176,818.79	\$182,694.84

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>55,459.42</u>	\$ <u>57,235.78</u>
32	Contributions as % of Total Insurance Cost	<u>32.88</u> %	<u>32.79</u> %


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

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Christopher Clinton

Position/Title: Tewksbury Township CFO

Signature: 

Date: 3/31/2025

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
Phone: 609-292-9898

Revised 8/2016

Certification

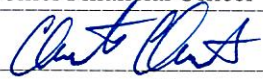
I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2024 thru 12/31/2027.

Employer: Tewksbury Township

County: Hunterdon 

Date: 4/2/2025

Name: Christopher Clinton
Print Name

Title: Chief Financial Officer

Signature