New Jersey Public Employment Relations Commission **NON-POLICE AND FIRE**

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line#

	SECTION I: Parties	and Term of Cont	racts							
1	Public Employer: SpringLakeBorough			County: Monmouth						
2	Employee Organization; Spring Lake Employees Association			Number of Employees in Unit: 23						
3	Base Year Contract Te	erm:		New Contract Term	Ian 1 2025 to De	ec 31, 2029				
	SECTION II: Type o	f Contract Settler	nent (please check	conly one)						
4	Contract set	tled 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	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 Y	ear	\$ 2,037,734.4	7,734.40						
10	Longevity Costs in Base Year		s 13,433.47							
11	Total Salary Base	Total Salary Base \$12,051,16		37						
***************************************	SECTION IV: Salary	Increases for Each	1 Year of New Agr	eement*						
		Year 1	Year 2	Year 3	Year 4	Year 5				
12	Effective Date (month/day/year)									
13	Cost of Salary									
14	Increments (\$) Salary Increase Above	-			<u> </u>					
	Increments (\$)		<u> </u>	puntanental management and a second a second and a second and a second and a second and a second a second and						
15	Longevity Increase (\$)	:]					
16	Total \$ Increase (sum of lines 13-15)	<u> </u>								
17	New Salary Base (\$)									
18	Percentage increase over prior year	%	%	<u></u> %	%	%				
	*If contract duration i	s longer than five ve	ars, please add an a	ıdditional paae.						

Empl	oyer:		Emplo	yee Organization:			Page 2		
***************************************	SECTION V: Increa	ses in Other C	ontractual Econ	omic Items or N	lewly Added Ec	onomic Items*			
19	Item Description	Base Year Cost (\$)	<i>Year 1</i> Increase (\$)	<i>Year 2</i> Increase (\$)	Year 3 Increase (\$)	<i>Year 4</i> Increase (\$)	<i>Year 5</i> Increase (\$)		
	Clothing Allowance	20,700	0	0	0	0	0		
	Health Insurance Waiver	5,000	0	0	0	0	0		
20	Totals(\$):	25,700							
	*If contract duration	is longer than fi	ive years, please a	dd an additional p	oage.				
	SECTION VI: Media	cal Costs				***************************************			
21	Health Plan Cost			<u> </u>	\$ 526,092 \$				
22	Prescription Plan Cos	Prescription Plan Cost			ş 102,433 ş				
23	Dental Plan Cost	Dental Plan Cost			ş 2314				
24	Vision Plan Cost	Vision Plan Cost			ş 11,500 ş				
25	Total Cost of Insurance			*	\$ 642.339 s				
26	Employee Insurance Contributions			\$ 200,68	31 _{\$}				
27	Employee Contributions as % of Total Insurance Cost				%	 %			

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

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