

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 July 1, 2020 thru June 30, 2025.

Employer: Hazlet Township Public Schools
County: Monmouth
Date: 12/2/2020
Name: Christopher J. Mullins
Print Name
Title: Business Administrator

Signature

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="07/01/2021"/>	<input type="text" value="07/01/2022"/>	<input type="text" value="07/01/2023"/>	<input type="text" value="07/01/2024"/>	<input type="text" value="07/01/2025"/>
13 Cost of Salary Increments (\$)	<input type="text" value="83153"/>	<input type="text" value="88353"/>	<input type="text" value="80876"/>	<input type="text" value="83909"/>	<input type="text" value="87055"/>
14 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="921"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="84074"/>	<input type="text" value="88353"/>	<input type="text" value="80876"/>	<input type="text" value="83909"/>	<input type="text" value="87055"/>
17 New Salary Base (\$)	<input type="text" value="2068350"/>	<input type="text" value="2156703"/>	<input type="text" value="2237579"/>	<input type="text" value="2321488"/>	<input type="text" value="2408545"/>
18 Percentage increase over prior year	<input type="text" value="4.1"/> %	<input type="text" value="4.27"/> %	<input type="text" value="3.75"/> %	<input type="text" value="3.75"/> %	<input type="text" value="3.75"/> %

*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 (\$)
20	Totals(\$):						

**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	\$885767	\$849329
22	Prescription Plan Cost	\$302850	\$149301
23	Dental Plan Cost	\$25000	\$25000
24	Vision Plan Cost		
25	Total Cost of Insurance	\$1213617	\$1023630
26	Employee Insurance Contributions	\$170855	\$118871
27	Employee Contributions as % of Total Insurance Cost	14 %	12 %

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 (\$)
20	Totals(\$):						

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

SECTION VI: Medical Costs

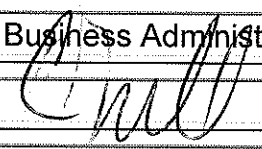
	Base Year	Year 1	
21	Health Plan Cost	\$ 885767	\$ 849329
22	Prescription Plan Cost	\$ 302850	\$ 149301
23	Dental Plan Cost	\$ 25000	\$ 25000
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 1213617	\$ 1023630
26	Employee Insurance Contributions	\$ 170855	\$ 118871
27	Employee Contributions as % of Total Insurance Cost	14 %	12 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
Modification from Direct 10 to Direct 15

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	Christopher J. Mullins
Position/Title:	School Business Administrator
Signature:	
Date:	October 14, 2020

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

