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:	1222020							
Name:	Christopher J. Mullins							
	Print Name							
Title:	Business Administrator							
	Mull							
	Signature							

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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: Haz	Public Employer: Hazlet Townhip Public Schools			County: Monmouth					
2	Employee Organizatio	n: Local 32		Number of Employee	es in Unit: 44					
3	Base Year Contract Te	rm: 2019-20		New Contract Term:	2020-2025					
	SECTION II: Type of Contract Settlement (please check only one)									
4	Contract set	tled without neutral	assistance							
5		led with assistance o								
6	Contract sett	led with assistance of	of fact-finder							
7	Contract sett	led with assistance o	of super-conciliator							
8	If contract was settled	I in fact-finding, did	the fact-finder issue	a report with recomi	mendations?					
	Yes No									
	SECTION III: Salary	Base								
	The salary base is the the parties negotiate			pired or expiring agr	eement. This is the t	pase cost from which				
9	Salary Costs in Base Yo		1985195	seaware the and a security and selections.						
			71991ع	FECT HELDER WAS ARRESTED AND ARRESTED AND ARRESTED AND ARRESTED ARRESTED AND ARRESTED ARRESTE						
10	Longevity Costs in Bas	e year	2057186							
11	Total Salary Base									
	SECTION IV: Salary		-							
12	Effective Date	Year 1	Year 2	Year 3	Year 4	Year 5				
**	(month/day/year)	07/01/2021	07/01/2022	07/01/2023	07/01/2024	07/01/2025				
13	Cost of Salary Increments (\$)	83153	88353	80876	83909	87055				
14	Salary Increase Above Increments (\$)									
15	Longevity Increase (\$)	921			Астементе в постория и придаминения не в постория					
16	Total \$ Increase	84074	88353	80876	83909	87055				
17	(sum of lines 13-15) New Salary Base (\$)	2068350	2156703	2237579	2321488	2408545				
18	Percentage increase over prior year	4.1 %	4.27 %	3.75 %	3.75 %	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*

9	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)

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	AND DESIGNATION AND AND AND AND AND AND AND AND AND AN						

0	Totals(\$):	Ī					

^{*}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	s 885767 s 849329
22	Prescription Plan Cost	\$ <mark>302850 </mark>
23	Dental Plan Cost	\$ 25000 \$ 25000
24	Vision Plan Cost	\$ \$
25	Total Cost of Insurance	\$ 1213617 \$ 1023630
26	Employee Insurance Contributions	ş 170855 ş 118871
27	Employee Contributions as % of Total Insurance Cost	14 % 12 %

Page 2 of 3 (complete all pages)

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 (\$)
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			Section of the sectio				
20	Totals(\$):		124224				

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

SECTION VI: Medical Costs Base Year Year 1 s 849329 s 885767 21 Health Plan Cost s 149301 302850 22 Prescription Plan Cost <mark>s</mark>25000 25000 23 Dental Plan Cost 24 Vision Plan Cost 1023630 1213617 25 Total Cost of Insurance s 118871 170855 26 **Employee Insurance Contributions** 27 Employee Contributions as % of Total Insurance Cost

Page 2 of 3 (complete all pages)

Emplo	oyer: Haziet i ov	wnsnip Public Schools	Employee Organization	Hazlet Townshiup Education Association	Page 3
Secti	on VI: Medical Co	osts (continued)			
28 Mod	Identify any in dification from E	nsurance changes that were Direct 10 to Direct 15	included in this CNA.		
29		Certification and Signature ed certifies that the forego			
	Print Name: Position/Title: Signature: Date:	Christopher J. Mullin School Business Ad October 14,2020		January Control of the Control of th	
	Send this comp form to: contr	pleted and signed form ale acts@perc.state.nj.us	ong with an electronic c	opy of the contract and the signed co	ertification
	NJ Public Emplo Conciliation and PO Box 429 Trenton, NJ 086 Phone: 609-29	625	sion	Revised 8/20:	16
	003 23			nevised 8/20.	ΤO

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