New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line										
	SECTION I: Parties			la marca managa and an anaga an anaga an anaga an anaga an an						
1	Public Employer: We	Public Employer: West Milford Board of Education			County: Passaic					
2	Employee Organization	On: West Milford Cafeteria	Aides Association	Number of Employees in Unit:						
3	Base Year Contract Te	erm: July 1, 2016	lune 30, 2019	New Contract Term	w Contract Term: July 1, 2019 - June 30, 2024					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SECTION II: Type o	f Contract Settlem	ent (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 No									
, · . · .	SECTION III: Salary	Base	элтэх холт дэглиштий холт төтүүлэг холт холт холт холт холт холт холт холт	eneral manusculus see een manus ka kun een mees mees een een een een een een een een een						
	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		\$ 215,713							
10	Longevity Costs in Base Year		\$ 0							
11	Total Salary Base		s 215,713							
	SECTION IV: Salary	Increases for Each	Year of New Agr	eement*						
		Year 1	Year 2	Year 3	Year 4	Year 5				
12	Effective Date (month/day/year)	7/1/19	7/1/20	7/1/21	7/1/22	7/1/23				
13	Cost of Salary Increments (\$)	5,393	5,527	5,666	5,807	5,933				
14	Salary Increase Above Increments (\$)	0	0	0						
15	Longevity Increase (\$)	0	0	0						
16	Total \$ Increase (sum of lines 13-15)	5,393	5,527	5,666	5,807	5,933				
17	New Salary Base (\$)	221,106	226,633	232,299	238,106	244,059				
18	Percentage increase over prior year	2.5 %	2.5 %	2.5 %	2.5 %	2.5 %				
	*If contract duration i	's longer than five us	are plance add an a	dditional nage						

Item Description Year 5 19 **Base Year** Year 1 Year 2 Year 3 Year 4 Cost (\$) Increase (\$) Increase (\$) Increase (\$) Increase (\$) Increase (\$) 0 Totals(\$): 20 0 0 *If contract duration is longer than five years, please add an additional page. **SECTION VI: Medical Costs Base Year** Year 1 ş N/A s N/A 21 Health Plan Cost \$ N/A \$N/A 22 Prescription Plan Cost \$N/A s N/A 23 **Dental Plan Cost** s N/A s N/A 24 Vision Plan Cost s N/A s N/A 25 Total Cost of Insurance s N/A s N/A 26 **Employee Insurance Contributions** N/A N/A 27 Employee Contributions as % of Total Insurance Cost

Page 2 of 3 (complete all pages)

Employ	er: West Milford	Board of Education	Employee Organization:	West Milford Cafeteria Aides Association	Page 3		
Section	ı VI: Medical Co	osts (continued)					
28	Identify any in	surance changes that were	included in this CNA.				
29	SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Barbara Francisco						
	Position/Title: Signature: Date:	Business Administrator	/Board Secretary				
		leted and signed form ald acts@perc.state.nj.us	ong with an electronic co	py of the contract and the signed certi	fication		
	NJ Public Emplo	yment Relations Commiss	sion				

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016