

**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: <u>Central Regional BOE</u>	County: <u>Ocean</u>
2	Employee Organization: <u>Central Regional Bus Drivers Association</u>	Number of Employees in Unit: <u>23</u>
3	Base Year Contract Term: <u>2015-16</u>	New Contract Term: <u>2018-19</u>

SECTION II: Type of Contract Settlement (please check only one)

4	<input checked="" type="checkbox"/> Contract settled without neutral assistance
5	<input type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

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	<u>\$3,054.93</u>	<i>Hourly per hour</i>
10	Longevity Costs in Base Year	<u>\$0</u>	
11	Total Salary Base	<u>\$3,054.93</u>	

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)	<u>07/01/2016</u>	<u>07/01/2017</u>	<u>07/01/2018</u>		
13 Cost of Salary Increments (\$)	<u>102.20</u>	<u>105.64</u>	<u>109.37</u>		
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)	<u>102.20</u>	<u>105.64</u>	<u>109.37</u>		
17 New Salary Base (\$)	<u>3,157.13</u>	<u>3,262.77</u>	<u>3,372.14</u>		
18 Percentage increase over prior year	<u>3.35</u> %	<u>3.35</u> %	<u>3.35</u> %		

**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 (\$)
	Extra Work Rate	16.00	2.00	0.00	0.00		
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	\$ 625,409	\$ 625,409
22 Prescription Plan Cost	\$ 104,458	\$ 96,101
23 Dental Plan Cost	\$ 30,000	\$ 30,000
24 Vision Plan Cost	\$ 2,500	\$ 2,500
25 Total Cost of Insurance	\$ 762,367	\$ 754,010
26 Employee Insurance Contributions	\$ 17,592	\$ 17,418
27 Employee Contributions as % of Total Insurance Cost	2.31 %	2.31 %

Section VI: Medical Costs (continued)

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


Added Mandatory Mail order for Maintenance and Specialty Drugs, along with Step Therapy option for the Rx Plan.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Kevin O'Shea

Position/Title: BA/BS

Signature: 

Date: 10/4/2016

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 negotiations agreement for the term beginning 7/1/16 through 6/30/19.

Employer: Central Regional BOE
County: Ocean
Date: 10/4/16
Name: Kevin Oshen
Print Name
Title: BA/BS
Signature: [Handwritten Signature]