New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

	SECTION I: Parties	and Term of Contr	acts			
1	Public Employer: Jack	son Township Municipal (Utilities Authority	County: Ocean		No.
2	Employee Organizatio	n: Transport Union of America-A.F.L.	-C.I.O Local 220, Branch 4	Number of Employe	es in Unit: 31	The second secon
3	Base Year Contract Te	rm: 01/01/2015 -	12/31/2017	New Contract Term:	01/01/2018 - 12/31	1/2021
	SECTION II: Type of	Contract Settleme	ent (please che	ck only one)		
4	Contract sett	led without neutral	assistance			
5	Contract sett	led with assistance o	of mediator			
6	Contract sett	led with assistance o	of fact-finder			
7	Contract settle	ed with assistance o	f super-conciliato	or		
8	If contract was settled	l in fact-finding, did t	he fact-finder iss	ue a report with recom	mendations?	
	SECTION III: Salary	Base				
	-	cost of salaries in the	e final year of the	expired or expiring agr	eement. This is the	base cost from which
9	Salary Costs in Base Ye	ear	\$ 1,131,573			
10	Longevity Costs in Bas	e Year	ş N/A			
11	Total Salary Base		\$ 1,131,573			
	SECTION IV: Salary	Increases for Each	Year of New A	greement*		
		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	01/01/18	01/01/19	01/01/20	01/01/21	
13	Cost of Salary Increments (\$)	\$ 36,861	\$ 35,053	3 \$ 36,105	\$ 37,187	24-7 111-27-7
14	Salary Increase Above Increments (\$)	\$ 0	\$ (\$ 0	\$ 0	
15	Longevity Increase (\$)	\$ 0	\$ (\$ 0	\$ 0	
16	Total \$ Increase (sum of lines 13-15)	\$ 36,861	\$ 35,053	3 \$ 36,105	\$ 37,187	
17	New Salary Base (\$)	\$ 1,168,434	\$ 1,203,48	7 \$ 1,239,592	\$ 1,276,779	
18	Percentage increase over prior year	3.26 %	3.00	_% 3.00 _%	3.00 %	%
	*If contract duration is	s longer than five yed	ars, please add ar	additional page.		

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Shift Differential	Base Year Cost (\$) 9,248	Year 1 Increase (\$)	Year 2 Increase (\$) 486	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
			4			1	
			No. 100 Section 10				
20	Totals(\$):	9,248	0	486	0	0	

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

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 454,978	\$ 451,777
22	Prescription Plan Cost	\$ 116,988	\$ 116,116
23	Dental Plan Cost	\$ 29,999	\$ 31,768
24	Vision Plan Cost	\$ 8,700	\$ 8,700
25	Total Cost of Insurance	\$ 610,665	\$ 608,361
26	Employee Insurance Contributions	\$ 44,247	\$ 40,167
27	Employee Contributions as % of Total Insurance Cost	7.25	6.60 %

Page 2 of 3 (complete all pages)

SECTION VII: Certification and Signature

No changes.

The undersigned certifies that the foregoing figures are true:

Print Name: James R. Diaz

Position/Title: Asst. Exec. Dir./Dir. of Finance

Signature: 06/27/2019

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