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: Gloucester County Vocational-Technical School District] (County: Gloucester					
2	Employee Organization	Employee Organization:				Number of Employees in Unit:					
3	Base Year Contract Te	Base Year Contract Term: 7/1/17-6/30/18				New Contract Term: 7/1/18-6/30/21					
	SECTION II: Type of	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 settl	Contract settled with assistance of super-conciliator									
8	If contract was settled	in fact-finding	, did tł	ne fact-finder	issue a	a report with re	comm	endations?			
	Yes No 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 Ye	ar		\$ 630,388							
10	Longevity Costs in Base	e Year		\$							
11	Total Salary Base			\$ 630,388	3						
	SECTION IV: Salary	ncreases for	Each	Year of New	/ Agre	ement*					
		Year 1		Year 2		Year 3		Year 4		Year 5	
12	Effective Date (month/day/year)	7/1/18		7/1/19		7/1/20					
13	Cost of Salary Increments (\$)	14,184		14,503		14,829					
14	Salary Increase Above Increments (\$)										
15	Longevity Increase (\$)										
16	Total \$ Increase (sum of lines 13-15)	14,184		14,503		14,829			1		
17	New Salary Base (\$)	644,571		659,074		673,903	1				
18	Percentage increase over prior year	2.25	_%	2.25	%	2.25	%		%		<u>%</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 (\$)	<i>Year 5</i> Increase (\$)	
	Addt'I compensation rate	\$40/hour	\$20/hour					
			1					
						and the second s		
20	Totals(\$):					The state of the s		

^{*}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	\$ 48,940	\$ 53,741
22	Prescription Plan Cost	\$ 13,618	\$ 16,206
23	Dental Plan Cost	\$ 4,948	\$ 5,952
24	Vision Plan Cost	\$ 0	ş 102
25	Total Cost of Insurance	\$ 67,506	ş 76,001
26	Employee Insurance Contributions	\$ 20,969	\$ 28,373
27	Employee Contributions as % of Total Insurance Cost	31.06	_% 37.33 _%

Page 2 of 3 (complete all pages)

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

Health insurance waiver payment was eliminated. In exchange for the District providing the Delta Dental PPO Premier Network Program to the District Delta Dental PPO, employees will now pay their contractual premium sharing rate to the cost of dental coverage.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Amy Capriotti

Position/Title:

Assistant Superintendent for Business/Board Secretary

Signature:

Date:

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

Page 3