## New Jersey Public Employment Relations Commission POLICE AND FIRE

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

	COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM						
	SECTION I: Parties and Term of Contracts						
	Public Employer: Pemberton Twp.  County: Burlington						
;	Employee Organization: PBA 249 SOA						
3	Base Year Contract Term: 2023						
4	New Contract Term: 2024 - 2026						
SECTION II: Type of Contract Settlement (please check only one)  Contract settled without neutral assistance  Contract settled with assistance of mediator  Contract settled with assistance of fact-finder  Contract settled in Interest Arbitration  If contract was settled in Interest Arbitration, did the Arbitrator issue an Award?  Yes No  SECTION III: Base Salary Calculation  The "base year" refers to the final year of the expiring or expired agreement.  N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary means the salary provided pursuant to a salary increment, including any amount for longevity or length understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pensic							
10	Salary Costs in base year \$423,000						
11 12	Longevity Costs in base year						
12	\$						
13	Sum of "Other" Costs Listed in Line 12.						
	Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 423,000						

			suadrine .	Organization:	PBA 249 S	OA	Page 2
Employ	er: Pemberton Twp.	en e	Employee	Organization:			
	SECTION IV: Increase in						
14 I	Total Base Salary Cost fro	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Effective Date (month/day/year)	01/01/2024	01/01/2025	01/01/2026			
	Cost of Salary Increments (\$)						
17	Salary Increase Above Increments (\$)	13,957	14,855	14,908		granus and an analysis and an an analysis and	
18	Longevity Increase (\$)				ar agranuscenson and an arrangement and arrangement and arrangement and arrangement and arrangement ar		
19	Total Increased Cost for "Other" Items (\$)			***************************************	One of the state o	***************************************	
20	Total Increase (\$) (sum of lines 16-19)	13,957	14,855	14,908	Annual of the second to the second	C. C	Market States
	SECTION V: Avera	ge Increase O					ar an ahovel
21	Dollar Increase Over	Life of Contra	ct \$\\ 43,720	[Take	sum of all am	ounts listed or Line 21 by am	n Line 20 above] ount on Line 14]
22		Over Life of C	Year 3.4	% [Div	ide percentage	on Line 22 by	number of years o
23	Average Percentage	e micrease rei		the	contract]		

Em	ployer: Pemberto	on Twp.		_ Employee	Organization	: PBA 249 SC	)A	Page 3	
	SECTION VI:	Other Econo	mic Items Ou	utside Base	Salary and Ir	ncreases			
	←Increases→								
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
	N/A								
	geodetic franchischer der der der der der der der der der d								
	Administration and the control of th								
				300000000000000000000000000000000000000					
	A CONTROL OF THE CONT	zgotonkiańcie storoczonie wiedziające an oriotonyce	The property of the contract o						
		general design and a second of the process of the p							
25	Totals (\$):	Symposition from the control of the	Separate and in the control of the c	YAMAA MARII MARIII		ennando: germantidudus (anti-ancidentales) en accidentales (anti-a	Action and action and action and action and action		
	and and the state of the state	KCC-BANDOCHMAN JANAHAN AV ONTERNAN JAHAN JANAHAN J	chessed at least speece speeces per proper de la sel Martine e ver année de la sel de la sel de la sel de la s	nokalan interceptual kinderalah di kalan di kalan di kal			ECOMMINISTRAÇÃO DE COMENCIONA DE ACURAÇÃO DE COMENCIONA DE ACURAÇÃO DE COMENCIONA DE ACURAÇÃO DE ACURAÇÃO DE A	t all the Mindest Management Consideration Confederation C	
	SECTION VII: Insurance Cos		sts	Base Y	ear Year	r 1			
26	Health Plan Co	ost		\$ No c					
27	Prescription P			\$ No o	······································	inconstruction (stamphonorsis)			
28	Dental Plan Co			\$ No c		anno time a anno anno anno anno anno anno anno a			
29	Vision Plan Co			\$	\$				
30	Total Cost of I	nsurance		\$	\$ <sup>1</sup>				

Page 3 of 4 (complete all pages)

Employer: Pemberton Twp.			Employee Organization: PBA 249 SOA	Page 4				
SECTIO	ON VII: Medical	Costs (continued)						
31 32		ance Contributions s % of Total Insurance Cost	\$   \$   Ch. 78 %   Year 4 %					
33 None		nsurance changes that wer	re included in this CNA.					
34	SECTION VIII: Certification and Signature  The undersigned certifies that the foregoing figures are true:							
	Print Name:	Daniel Hornickel  Business Administrato	or					
	Position/Title: Signature:	Danil Homeit	<u> </u>					
	Date:	06/11/2024						
	Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>							
	NJ Public Emp Conciliation ar PO Box 429 Trenton, NJ 08		nission					

Phone: 609-292-9898

Revised 8/2016