

**New Jersey Public Employment Relations Commission**  
**POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

<b>1</b>	Public Employer: <input style="width: 95%;" type="text"/>	County: <input style="width: 95%;" type="text"/>
<b>2</b>	Employee Organization: <input style="width: 95%;" type="text"/>	Number of Employees in Unit: <input style="width: 95%;" type="text"/>
<b>3</b>	Base Year Contract Term: <input style="width: 95%;" type="text"/>	
<b>4</b>	New Contract Term: <input style="width: 95%;" type="text"/>	

---

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

<b>5</b>	<input type="checkbox"/>	Contract settled without neutral assistance	
<b>6</b>	<input type="checkbox"/>	Contract settled with assistance of mediator	
<b>7</b>	<input type="checkbox"/>	Contract settled with assistance of fact-finder	
<b>8</b>	<input type="checkbox"/>	Contract settled in Interest Arbitration	
<b>9</b>	If contract was settled in Interest Arbitration, did the Arbitrator issue an Award?		Yes <input type="checkbox"/> No <input type="checkbox"/>

---

**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 guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

<b>10</b>	Salary Costs in base year	\$ <input style="width: 95%;" type="text"/>
<b>11</b>	Longevity Costs in base year	\$ <input style="width: 95%;" type="text"/>
<b>12</b>	Other base year salary costs	
	<input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
	Sum of "Other" Costs Listed in Line 12.	\$ <input style="width: 95%;" type="text"/>
<b>13</b>	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ <input style="width: 95%;" type="text"/>

Employer:

Employee Organization:

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**

14 Total Base Salary Cost from Line 13: \$

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Cost of Salary Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Total Increased Cost for "Other" Items (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Total Increase (\$) (sum of lines 16-19)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$  [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year % [Divide percentage on Line 22 by number of years of the contract]

Employer:

Employee Organization:

**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**

14 Total Base Salary Cost from Line 13: \$

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Cost of Salary Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Total Increased Cost for "Other" Items (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Total Increase (\$) (sum of lines 16-19)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$  [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year % [Divide percentage on Line 22 by number of years of the contract]



Employer:

Employee Organization:

**SECTION VII: Medical Costs (continued)**

- 31 Employee Insurance Contributions      \$       \$   
32 Contributions as % of Total Insurance Cost       %       %

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

**SECTION VIII: Certification and Signature**

- 34 The undersigned certifies that the foregoing figures are true:

Print Name:   
Position/Title:   
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](mailto: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