

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: <input type="text" value="Pittsgrove Township Board of Education"/>	County: <input type="text" value="Salem"/>
2	Employee Organization: <input type="text" value="Pittsgrove Education Association"/>	Number of Employees in Unit: <input type="text" value="170"/>
3	Base Year Contract Term: <input type="text" value="July 1, 2019 - June 20, 2020"/>	New Contract Term: <input type="text" value="July 1, 2020 - June 30, 2023"/>

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	<input type="text" value="\$11,199,040"/>
10	Longevity Costs in Base Year	<input type="text" value="\$23,940"/>
11	Total Salary Base	<input type="text" value="\$11,222,980"/>

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)	<input type="text" value="07/01/2020"/>	<input type="text" value="07/01/2021"/>	<input type="text" value="07/01/2022"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="\$223,347"/>	<input type="text" value="\$229,182"/>	<input type="text" value="\$196,560"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="\$135,836"/>	<input type="text" value="\$129,821"/>	<input type="text" value="\$161,733"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="359,183"/>	<input type="text" value="359,003"/>	<input type="text" value="358,293"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="\$11,582,163"/>	<input type="text" value="\$11,941,165"/>	<input type="text" value="\$12,299,458"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="3.20"/> %	<input type="text" value="3.10"/> %	<input type="text" value="3.00"/> %	<input type="text"/>	<input type="text"/>

**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 (\$)
	Coaching	202,000	6,060	6,242	6,429		
	Co-Curricular	\$160,000	1,600	1,616	1,632		
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	\$ 2,954,000	\$ 2,895,000
22 Prescription Plan Cost	\$ built in Health	\$ built in health
23 Dental Plan Cost	\$ 133,000	\$ 133,000
24 Vision Plan Cost	\$ 0	\$ 0
25 Total Cost of Insurance	\$ 3,078,000	\$ 3,028,000
26 Employee Insurance Contributions	\$ 773,513	\$ 766,445
27 Employee Contributions as % of Total Insurance Cost	19.9 %	20.9 %

Employer: Pittsgrove Township Board of Education


Employee Organization: Pittsgrove Education Association

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
The Out-of-Network reimbursement rate for out-of-network expenses for the base plan offered will be at a minimum of 180% of Medicare. Previously, the minimum reimbursement rate was tied to the SEHBP Direct 10 90% of fair market.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<u>Darren Harris</u>
Position/Title:	<u>Business Administrator/Board Secretary</u>
Signature:	
Date:	<u>10/30/2020</u>

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
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