Certification

| I declare to the best of my knowledge and beli executed collective negotiations agreement(s) bargaining agreement for the term beginning _ | and the included su | immary is an accurate assessment of the collective |
|--|---------------------|--|
| | | |
| | Employer: | Morris County Prosecutor's Office |
| | County: | Morris |
| | Date: | 9/17/2018 |
| | Name: | Mary Susan D'Amore |
| | | Print Name |
| | Title: | Labor Relations Specialist |
| | | Mary Susen DAmore Signature |

New Jersey Public Employment Relations Commission <u>POLICE AND FIRE</u>

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

| Line # | | | |
|--------|---|--|--|
| | SECTION I: Parties and Term of Contracts | | |
| 1 | Public Employer: Morris County Prosecutor's Office | County: Morris | |
| 2 | Employee Organization: NJ State PBA Local 327 | Number of Employees in Unit: 47 | |
| 3 | Base Year Contract Term: 2011 | | |
| 4 | New Contract Term: 1/1/12-12/31/14 | | |
| | SECTION II: Type of Contract Settlement (please | check only one) | |
| 5 | Contract settled without neutral assistance | | |
| 6 | Contract settled with assistance of mediator | | |
| 7 | Contract settled with assistance of fact-finder | | |
| 8 | Contract settled in Interest Arbitration | | |
| 9 | If contract was settled in Interest Arbitration, did the Arbitration | rator issue an Award? Yes No No | |
| | SECTION III: Base Salary Calculation | | |
| | The "base year" refers to the final year of the expiring or ex | kpired agreement. | |
| | or table and any amount provided pursuant to a salary incr It shall also include any other item agreed to by the parties | se salary' means the salary provided pursuant to a salary gurement, including any amount for longevity or length of serve, or any other item that was included in the base salary as y shall not include non-salary economic issues, pension and | |
| 10 | Salary Costs in base year | \$ 3,911,287 | |
| 11 | Longevity Costs in base year | \$ | |
| 12 | Other base year salary costs | | |
| | \$ | | |
| | \$ | | |
| | | | |
| | | | |
| | \$1 | | |
| | Sum of "Other" Costs Listed in Line 12. | \$] | |
| 13 | Total Base Salary Cost: (sum of lines 10, 11, 12): | \$ 3,911,287 | |

Employer: Morris County Prosecutor's Office

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

| | | 2.044.207 |
|----|--------------------------------------|-----------|
| 14 | Total Base Salary Cost from Line 13: | 3,911,287 |

| | Increases | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|----|---|----------|-----------|----------|--------|--------|--|
| 15 | Effective Date (month/day/year) | 1/1/12 | 1/1/13 | 1/1/14 | | | |
| 16 | Cost of Salary Increments (\$) | \$67,182 | \$113,309 | \$83,905 | | | |
| 17 | Salary Increase Above Increments (\$) | | | | | | |
| 18 | Longevity Increase (\$) | | | | | | |
| 19 | Total Increased Cost for "Other" Items (\$) | | | | | | |
| 20 | Total Increase (\$) (sum of lines 16-19) | \$67,182 | \$113,309 | \$83,905 | | | The second secon |

SECTION V: Average Increase Over Term of New CNA

| 21 | Dollar Increase Over Life of Contract | \$ 264,396 | [Take sum of all amounts listed on Line 20 above] |
|----|---|------------|---|
| 22 | Percentage Increase Over Life of Contra | ct 6.7 % | 6 [Divide amount on Line 21 by amount on Line 14] |
| 23 | Average Percentage Increase Per Year | 2.2 | 6 [Divide percentage on Line 22 by number of years of |
| | | | the contract] |

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases →

| | | | | | , | , | | |
|----|---------------------|------------------------|--------|--|-----------------|--|--------|--------|
| 24 | item Description | Base Year Cost (\$) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
| | | | | | | | | |
| | | | | TO SERVICE SER | | | | |
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| | | | | | | CHAPTER STEEL AND ARTICLE AND | | |
| | | | | : | | | | |
| | | | | | - AV-41 - AN-40 | | | |
| 25 | Totals (\$): | | | | | | | |

SECTION VII: Medical Costs

| | Insurance Costs | Base Year | Year 1 |
|----|-------------------------|-----------|--------|
| 26 | Health Plan Cost | \$ | \$ |
| 27 | Prescription Plan Cost | \$ | \$ |
| 28 | Dental Plan Cost | \$ | ş |
| 29 | Vision Plan Cost | \$ | \$ |
| 30 | Total Cost of Insurance | Ś | Ś |

| Empl | oyer: Morris County Prosecutor's Office | Employee Organization: NJ State PBA Local 327 | Page 4 |
|------|--|---|--------|
| SECT | ION VII: Medical Costs (continued) | | |
| 31 | Employee Insurance Contributions | \$ | |
| 32 | Contributions as % of Total Insurance Cost | % % | |
| 33 | Identify any insurance changes that we | re included in this CNA. | |
| 34 | SECTION VIII: Certification and Signate The undersigned certifies that the fores | | |
| | Print Name: Mary Susan D'Amore Position/Title: Labor Relations Specialis Signature: September 17, 2018 | t DAM | |
| | Send this completed and signed form a certification form to: contracts@perc. | along with an electronic copy of the contract and the s | igned |
| | NJ Public Employment Relations Commi Conciliation and Arbitration PO Box 429 Trenton, NJ 08625 | ission | |
| | Phone: 609-292-9898 | Revised 8/201 | 6 |

Revised 8/2016