New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#							
	SECTION I: Parties and Term of Contracts			glasimol gaza appello felikanen anantakan hadili ne kantan mentin dalah sedi.		a plannagi kara kara kara kara kara kara kara kar		
1	Public Employer: Be	rkeley Heights	Township	County: Union				
2	Employee Organizatio	Employee Organization: Teamster #469-White Collar			Number of Employees in Unit: 8/6/4			
3	Base Year Contract Te	Base Year Contract Term: 1/1/14-1/1/18			New Contract Term: 1/1/19-12/31/21			
	SECTION II: Type of	f Contract Settlem	ent (please check o	only one)				
4	Contract set	Contract settled without neutral assistance						
5	Contract sett	Contract settled with assistance of mediator						
6	Contract sett	Contract settled with assistance of fact-finder						
7	Contract sett	led with assistance o	of super-conciliator					
8				a report with recomp	nendations?			
	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes No 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 Y	ear	ş <mark> 338,431</mark>	and the second of the second o				
10	Longevity Costs in Base Year							
11	Total Salary Base	Total Salary Base		ş 338,431				
	SECTION IV: Salary	Increases for Each	n Year of New Agre	ement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	1/1/2019	1/1/2020	1/1/2021				
13	Cost of Salary Increments (\$)	(10,055)	(59,648)	(64,485)	Sada Saniago copia. Esta de propio en la Sania de cidade en al deligió com esta de cidade de la cidade en acida			
14	Salary Increase Above	georgia-cama di Micani il mehacodi ni polonici il Michael Fall Anticol Cade il mysheliyi.		jankapinin kaini deke immedikanne kaine da ilande ke kanna mainin 1877 men ke alamida mar 4	pat than in the lamit of the section is the character and the section is the section in the section in the section is the section in the section in the section is the section in the sect			
15	Increments (\$) Longevity Increase (\$)							
16	Total \$ Increase		professoriation and in the standard forms in the William Control of the Standard Sta		g-indeptile associate contrangua de plano. A promite ao metra dische and de la contrante de discontinue del discontinuo del discontinue del discontinue del discontinue del discontinue del di			
17	(sum of lines 13-15) New Salary Base (\$)	328,376	268,728	204,243				
18	Percentage increase over prior year	(1.80) %	(18.16) %	(24.00) %	<u>%</u>			
	*If contract duration i	is longer than five yε	ears, please add an ac	dditional page.				

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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 (\$)
				Note A Production of the Vision Common and Common and Advanced the American			
					of the second control		Same and appropriate and extension and the contract and t
20	Totals(\$):						

^{*}If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs Base Year Year 1 s|175,560 238,374 21 Health Plan Cost 22 **Prescription Plan Cost** 4,896 5 7,470 23 **Dental Plan Cost** \$1,170 24 Vision Plan Cost s 181,256 247,014 25 **Total Cost of Insurance** s 19930 23,863 26 **Employee Insurance Contributions** 11 9.70 **27** Employee Contributions as % of Total Insurance Cost

Page 2 of 3 (complete all pages)

Emplo	yer: Berkeley I	Heights Township	Employee Organization	Teamster #469-White Collar	Page 3
Sectio	on VI: Medical C	osts (continued)			_ rage s
28	Identify any in	nsurance changes that wer	e included in this CNA.		
29		Certification and Signatueled certifies that the foreg			
	Print Name: Position/Title: Signature: Date:	Eugenia Poulos Chief Financial Office (Carlos) 10/14/2020	cer		
	Send this comp form to: contra	lleted and signed form a acts@perc.state.nj.us	long with an electronic co	py of the contract and the signed ceri	tification
	NJ Public Emplo Conciliation and PO Box 429 Trenton, NJ 086		ssion		

Revised 8/2016

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