

**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: West Milford Board of Education County: Passaic  
 2 Employee Organization: West Milford Bus Drivers Association Number of Employees in Unit: 66  
 3 Base Year Contract Term: July 1, 2014 - June 30, 2017 New Contract Term: July 1, 2017 - June 30, 2022

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

4  Contract settled without neutral assistance  
 5  Contract settled with assistance of mediator  
 6  Contract settled with assistance of fact-finder  
 7  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  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 Year \$ 1,397,116  
 10 Longevity Costs in Base Year \$ 2,375  
 11 Total Salary Base \$ 1,399,491

**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)	<u>7/1/17</u>	<u>7/1/18</u>	<u>7/1/19</u>	<u>7/1/20</u>	<u>7/1/21</u>
13 Cost of Salary Increments (\$)	<u>21,480</u>	<u>28,501</u>	<u>0</u>	<u>0</u>	<u>0</u>
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>34,928</u>	<u>35,801</u>	<u>40,366</u>
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
16 Total \$ Increase (sum of lines 13-15)	<u>21,480</u>	<u>28,501</u>	<u>34,928</u>	<u>35,801</u>	<u>40,366</u>
17 New Salary Base (\$)	<u>1,418,596</u>	<u>1,425,617</u>	<u>1,432,044</u>	<u>1,467,845</u>	<u>1,508,211</u>
18 Percentage increase over prior year	<u>1.5</u> %	<u>2.0</u> %	<u>2.5</u> %	<u>2.5</u> %	<u>2.75</u> %

\*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 (\$)
		0	0	0	0		
20	Totals(\$):	0	0	0	0		

*\*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	\$ 522,747	\$ 596,488
22	Prescription Plan Cost	\$ N/A	\$ N/A
23	Dental Plan Cost	\$ 13,709	\$ 13,709
24	Vision Plan Cost	\$ N/A	\$ N/A
25	Total Cost of Insurance	\$ 536,456	\$ 610,197
26	Employee Insurance Contributions	\$ 36,585	\$ 37,338
27	Employee Contributions as % of Total Insurance Cost	6.0 %	6.1 %

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.  
Medical coverage brought in line with other Collective Bargaining Agreements  
Emergency Room Co-Pay to \$100  
Mail-in RX will be 10% of cost

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name: Barbara Francisco  
Position/Title: Business Administrator/Board Secretary  
Signature: *Barbara Francisco*  
Date: 10/1/2020

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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)

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Conciliation and Arbitration  
PO Box 429  
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