New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Lin	e #		- TIMITONS AU	INCLINICIAL SOIVIIVI	ARY FORM			
	SECTION I: Parties and Term of Contracts							
1	Public Employer: Township of Medford		dford	County: Burlington				
2	Employee Organizat	Employee Organization: UAW Local 1612 - Utility		Number of Employees in Unit: 8				
3	Base Year Contract 1	Year Contract Term: 1/1/2019 - 12/31/2021		New Contract Term: 1/1/2022 - 12/31/24				
	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	•						
	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	Salary Costs in Base Year \$329601						
10	Longevity Costs in Base Year \$		\$					
11	Total Salary Base \$329601							
	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)	1/1/22	1/1/23	1/1/24		rear 5		
13	Cost of Salary Increments (\$)	21836	7073	7235		The state of the s		
14	Salary Increase Above Increments (\$)	0	0	0				
15	Longevity Increase (\$)	0	0	0				
16	Total \$ Increase (sum of lines 13-15)	21836	7073	7235				
17	New Salary Base (\$)	351437	358510	365745				
18	Percentage increase over prior year	6 %	2 %	2 %	%	%		
*If contract duration is longer than five years, please add an additional page.								

21 22 \$ 489 23 Dental Plan Cost **\$** 489 24 **s**0 \$0 Vision Plan Cost 25 \$ 133311 **Total Cost of Insurance** s 141351 \$12848 26 s 10234 **Employee Insurance Contributions** _% 9 27 Employee Contributions as % of Total Insurance Cost

Page 2 of 3 (complete all pages)

Emplo	oyer: Township of Medford	Employee Organization: UAW Local 1612 - Utility	D
Section	on VI: Medical Costs (continued)		Page 3
28	Identify any insurance changes that we	ere included in this CNA.	
29	SECTION VII: Certification and Signature Print Name: Dawn Bielec Position/Title: HR Coordinator Signature: 10/26/2023		
	Send this completed and signed form a form to: contracts@perc.state.nj.us	along with an electronic copy of the contract and the signed c	ertification
	NJ Public Employment Relations Commi Conciliation and Arbitration PO Box 429 Trenton, NJ 08625 Phone: 609-292-9898	ission Revised 8/200	16

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning $\frac{1}{1/2022}$ thru $\frac{12}{31/2024}$.

Employer:	Township of Medford			
County:	Burlington	•		
Date:	10/26/2023			
Name:	Dawn Bielec			
	Print	Name		
Title:	HR Coordinator			
	Dawn	Biele		
	Signa	ature		