



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

14 Total Base Salary Cost from Line 13: \$ 486,275.58

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2017</u>	<u>01/01/2018</u>				
16 Cost of Salary Increments (\$)	<u>9,193.14</u>	<u>9,377.01</u>				
17 Salary Increase Above Increments (\$)						
18 Longevity Increase (\$)						
19 Total Increased Cost for "Other" Items (\$)	<u>532.37</u>	<u>543.02</u>				
20 Total Increase (\$) (sum of lines 16-19)	<u>9,725.51</u>	<u>9,920.02</u>				

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 19,645.53 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 4.04 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.02 % [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
	Shift Differential	2,400.00	2,400.00	2,400.00				
	Education	300.00	300.00	300.00				
	Uniforms Allowance	2,875.00	2,875.00	2,875.00				
	Clothing Cleaning	3,600.00	3,600.00	3,600.00				
25	<b>Totals (\$):</b>	9,175.00	9,175.00	9,175.00				

**SECTION VII: Medical Costs**

		Base Year	Year 1
<b>Insurance Costs</b>			
26	Health Plan Cost	\$ 109,687.80	\$ 110,056.20
27	Prescription Plan Cost	\$ 28,686.60	\$ 28,657.80
28	Dental Plan Cost	\$ 7,501.80	\$ 7,502.40
29	Vision Plan Cost	\$ 1,330.08	\$ 1,330.08
30	<b>Total Cost of Insurance</b>	\$ 147,206.28	\$ 147,546.48

Employer: Borough of Clayton

Employee Organization: Clayton Superior Officers F.O.P. Lodge No. 130

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>40,704.30</u>	\$ <u>41,866.31</u>
32	Contributions as % of Total Insurance Cost	<u>27.65</u> %	<u>28.37</u> %

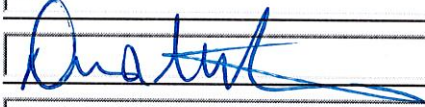
33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Donna Nestore

Position/Title: CFO

Signature: 

Date: 11/30/2018

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)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016

## 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 1/1/2017 thru 12/31/2018.

Employer: Borough of Clayton

County: Gloucester

Date: 11/30/2018

Name: Donna Nestore

Print Name

Title: CFO/Asst Administrator

  
Signature