## New Jersey Public Employment Relations Commission

## **NON-POLICE AND FIRE**

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line#

	SECTION I: Parties	and Term of Cont	racts				
1	Public Employer: Raritan Township			County: Hunterdon			
2	Employee Organization: CWA Local 1040 Supervisory		0 Supervisory	Number of Employees in Unit: 8			
3	Base Year Contract Te	erm: 1/1/13 - 12/3	21/15	New Contract Term:	1/1/16 - 12/31/19		
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)			
4	Contract set	tled without neutral	assistance				
5	Contract set	tled with assistance	of mediator				
6	Contract set	tled with assistance	of fact-finder				
7	Contract settled with assistance of super-conciliator						
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recomr	mendations?		
	Yes No	i					
	SECTION III: Salary	Base					
	The salary base is the the parties negotiate			pired or expiring agre	eement. This is the l	pase cost from which	
9	Salary Costs in Base Y	ear	\$ 531,794.00				
10	Longevity Costs in Bas	se Year	<b>\$</b> 0				
11	Total Salary Base		\$ 531,794.00				
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1/1/16	1/1/17	1/1/18	1/1/19		
13	Cost of Salary Increments (\$)	68,682.00	(112,317.0	8,500.00	9,685.00		
14	Salary Increase Above Increments (\$)	0	0	0	0		
15	Longevity Increase (\$)	0	0	0	0		
16	Total \$ Increase (sum of lines 13-15)	68,682.00	(112,317.0%)	8,500.00	9,685.00		
17	New Salary Base (\$)	600,476.00	488,159.00	496,659.00	506,344.00		
18	Percentage increase over prior year	12.9 %	(18.7) %	1.7 %	1.9 %	<u> </u>	
	*If contract duration i	s longer than five ye	ars, please add an ac	lditional page.			

Clothing Alowance   2,250.00   0   0   0   0   0   0   0   0   0	mplo	yer: Raritan Townsh	ip ,	Empl	loyee Organization	: CWA Local 1	040 Supervisory	Page 2
Clothing Alowance   2,250.00   0   0   0   0   0   0   0   0   0		SECTION V: Increa	ses in Other C	ontractual Eco	nomic Items or N	lewly Added Ed	onomic Items*	
Vehicle Allowance	19	Item Description					<i>Year 4</i> Increase (\$)	<i>Year 5</i> Increase (\$)
20 Totals(\$):    11,350.00   0   0   0    *If contract duration is longer than five years, please add an additional page.  SECTION VI: Medical Costs  Base Year Year 1  \$ 132,308.00 \$ 127,673.00		Clothing Alowance	2,250.00	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  \$\frac{1}{32,308.00} \frac{1}{5} \frac{127,673.00}{33.402.00}		Vehicle Allowance	9,100.00	O	<b>J</b> o	0	0	Value of the second of the sec
*If contract duration is longer than five years, please add an additional page.  SECTION VI: Medical Costs  Base Year Year 1  \$ 132,308.00 \$ 127,673.00								
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*If contract duration is longer than five years, please add an additional page.  SECTION VI: Medical Costs  Base Year Year 1  \$ 132,308.00 \$ 127,673.00				PORTE MATERIAL CONTROL OF THE PARTY OF THE P		7.000.000.000.000.000.000.000.000.000.0		
SECTION VI: Medical Costs  Base Year Year 1  \$ 132,308.00 \$ 127,673.00	20	Totals(\$):	11,350.00	0	0	0		
Base Year Year 1  \$ 132,308.00 \$ 127,673.00		*If contract duration	is longer than fi	ve years, please	add an additional	page.	-	
Health Plan Cost \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		SECTION VI: Medic	cal Costs			77770000000000000000000000000000000000		
39 399 00 33 403 00							70.00	
138.288.00	1	Health Plan Cost			<u> </u>			
	2	Prescription Plan Cos	t		3/	· ·		
3 Dental Plan Cost \$\\ 7,678.00 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	3	Dental Plan Cost			\$ <mark> 7,678.6</mark>		.00	

		Base Year	Year 1
21	Health Plan Cost	\$ 132,308.00	\$ 127,673.00
22	Prescription Plan Cost	\$ 38,288.00	\$ 33,402.00
23	Dental Plan Cost	\$\\ 7,678.00	<b>\$</b> 7,106.00
24	Vision Plan Cost	\$ 0	<b>\$</b> 0
25	Total Cost of Insurance	\$ 178,274.00	\$ 168,181.00
26	Employee Insurance Contributions	\$ 19,996.00	\$ 28,320.00
27	Employee Contributions as % of Total Insurance Cost	11.12	16.8 %

Page 2 of 3 (complete all pages)

Employ	<sub>yer:</sub> Raritan Tow	vnship	Employee Organization:	CWA Local 1040 Supervisory	Page 3
Sectio	n VI: Medical Co	osts (continued)			
<b>28</b> 118,	· · · · · · · · · · · · · · · · · · ·	isurance changes that we ion in Insurance prei	re included in this CNA. miums Township wide		
29		Certification and Signate			
	Print Name: Position/Title: Signature: Date:	Donald E Hutchins  Administrator  Dule E He  10/2/2017	lolo	Firming &	
	form to: contr	oleted and signed form acts@perc.state.nj.us oyment Relations Comn		opy of the contract and the signed co	ertification

Revised 8/2016

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