New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #								
	SECTION I: Parties a	and Term of Contra						
1	Public Employer: City	Public Employer: City of Summit			County: Union			
2	Employee Organization: Local No. 469 NW I.B.T.			Number of Employees in Unit: 46				
3	Base Year Contract Ter	lan 1 2017 - De	21 2010	New Contract Term: Jan 1, 2020 - Dec. 31, 2023				
	SECTION II: Type of	Contract Settleme	ent (please check o	nly one)				
4	Contract settled without neutral assistance							
5	Contract settled with assistance of mediator							
6	Contract settled with assistance of fact-finder							
	Contract settled with assistance of super-conciliator							
7				roport with recomp	andations?			
8	If contract was settled	in fact-finding, did ti	ne lact-illider issue a	report with recomm	iendations:			
	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 the parties negotiate the salary increases.							
9	Salary Costs in Base Year \$\\ 3,157,532.00							
10	Longevity Costs in Base Year \$\frac{72,120.0}{}							
11	Total Salary Base § 3,229,65			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)	1/1/2020	1/1/2021	1/1/2022	1/1/2023			
13	Cost of Salary Increments (\$)	33,359.00	54,843.00	45,709.00	37,429.00			
14	Salary Increase Above Increments (\$)	36,747.00	36,022.00	48,968.00	53,929.00			
15	Longevity Increase (\$)	2,034.00	6,577.00	4,951.00	6,090.00			
16	Total \$ Increase (sum of lines 13-15)	72,140.00	97,442.00	99,628.00	97,448.00			
17	New Salary Base (\$)	3,301,792.₩	3,399,234.	3,498,862.0	3,596,310.0			
18	Percentage increase over prior year	2.23 %	2.95 %	2.93 %	2.78 %	<u></u> %		
	*If contract duration i	is longer than five yed	ars, please add an ac	lditional page.				

Employer: City of Summit Employe			ee Organization: LOCAL No. 469 NW I.B. I.				
	SECTION V: Incre	eases in Other Co					
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Uniform Allowance-Boots	6,650.00	950.00	0	0	0	<u> 0</u>
20	Totals(\$):						
	*If contract duration	on is longer than fi	ive years, please a	dd an additional	page.		
	SECTION VI: Med	dical Costs		Base Yea	r Year 1		
21	Health Plan Cost			\$ 901,45			
22	Prescription Plan C	Cost		şincl. at			
23	Dental Plan Cost			\$ 49,200	\$ 44,88		
24	Vision Plan Cost			\$ <u></u> \$ 950,68	59.00 s 901,6	663.35	
25 26	Total Cost of Insura			\$ 239,08			
27	Employee Contributions as % of Total Insurance Cost				_% 26.07	%	

Page 2 of 3 (complete all pages)

Employer: City of Summit		Employee Organization:	Local No. 469 NW I.B.T.	Page 3	
Section	n VI: Medical Co	sts (continued)			
28	Identify any ins	surance changes that were i	included in this CNA.		
29		Tammie L. Baldwin City Treasurer/CFO	oing figures are true:		
		pleted and signed form al acts@perc.state.nj.us	ong with an electronic co	opy of the contract and the signe	d certification
	NJ Public Emplo Conciliation an PO Box 429	oyment Relations Commis d Arbitration	ssion		

Revised 8/2016

Trenton, NJ 08625

Phone: 609-292-9898