

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: Pennsville Township Board County: Salem

2 Employee Organization: PEA Number of Employees in Unit: 253.5

3 Base Year Contract Term: 7/1/2015-6/30/2019 New Contract Term: 7/1/2019-6/30/2020

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 \$ 13,974,193

10 Longevity Costs in Base Year \$ 37,150

11 Total Salary Base \$ 14,011,343

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>7/1/2019</u>				
13 Cost of Salary Increments (\$)	<u>419,277</u>				
14 Salary Increase Above Increments (\$)	<u>0</u>				
15 Longevity Increase (\$)	<u>0</u>				
16 Total \$ Increase (sum of lines 13-15)	<u>419,277</u>				
17 New Salary Base (\$)	<u>14,393,470</u>				
18 Percentage increase over prior year	<u>3</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 (\$)
20	Totals(\$):						

**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	\$ 3,973,351	\$ 4,231,913
22 Prescription Plan Cost	\$ 1,202,525	\$ 1,227,087
23 Dental Plan Cost	\$ 216,493	\$ 217,679
24 Vision Plan Cost	\$ 0	\$ 0
25 Total Cost of Insurance	\$ 5,392,369	\$ 5,676,679
26 Employee Insurance Contributions	\$ 903,880	\$ 890,290
27 Employee Contributions as % of Total Insurance Cost	17 %	16 %

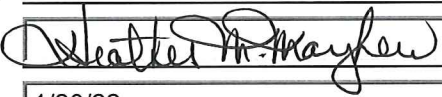
Section VI: Medical Costs (continued)

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

Retroactive salary adjustments for the 2019-2020 school year will not have any additional Chapter 78 deductions withheld.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Heather M Mayhew
Position/Title: Business Administrator
Signature: 
Date: 1/20/22

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

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

Revised 8/2016