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 subargaining agreement for the term beginning $\frac{1}{1/2015}$ t | mmary is an accurate assessment of the collectiv hru <u>12/31/2018</u> . |
|---|--|
| Employer: | Morris County Prosecutor's Office |
| County: | Morris |
| Date: | 9/29/2018 |
| Name: | Mary Susan D'Amore Print Name |
| Title: | Labor Relations Specialist Mare Magnet Angle |

New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

| Line # | | |
|----------|---|---|
| | SECTION I: Parties and Term of Contracts | |
| 1 | Public Employer: Morris County Prosecutor's Office | County: Morris |
| 2 | Employee Organization: NJ State PBA Local 327 | Number of Employees in Unit: 51 |
| 3 | Base Year Contract Term: | |
| 4 | New Contract Term: | |
| X | SECTION II: Type of Contract Settlement (please | e check only one) |
| 5 | Contract settled without neutral assistance | |
| 6 | Contract settled with assistance of mediator | |
| 7 | Contract settled with assistance of fact-finder | |
| | Contract settled in Interest Arbitration | |
| 8 | | |
| 9 | If contract was settled in Interest Arbitration, did the Arbit | rator issue an Award? Yes No No |
| | SECTION III: Base Salary Calculation | |
| | The "base year" refers to the final year of the expiring or e | |
| | or table and any amount provided pursuant to a salary inc It shall also include any other item agreed to by the partie | ase salary' means the salary provided pursuant to a salary guide rement, including any amount for longevity or length of service. s, or any other item that was included in the base salary as ry shall not include non-salary economic issues, pension and |
| 10 | Salary Costs in base year | \$ 3,930,708 |
| 11 | Longevity Costs in base year | \$ 8915 |
| 12 | Other base year salary costs | |
| | s | |
| | | |
| | \$ <u>'</u> | |
| | \$ | |
| | \$ | |
| | Sum of "Other" Costs Listed in Line 12. | s |
| 13 | Total Base Salary Cost: (sum of lines 10, 11, 12): | 3,939,623 |

| SECTION IV: | Increase in | Base Salary | Cost (f | or each | year of | New C | :NA) |
|--------------------|-------------|--------------------|---------|---------|---------|-------|------|
|--------------------|-------------|--------------------|---------|---------|---------|-------|------|

Total Base Salary Cost from Line 13: 14

s 3,939,623

| | Increases | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|----|---|----------|---------|-----------|----------|---|--------|
| 15 | Effective Date (month/day/year) | 1/1/15 | 1/1/16 | 1/1/17 | 1/1/18 | | |
| 16 | Cost of Salary Increments (\$) | -484,812 | 129,836 | 1,103,577 | -411,907 | | |
| 17 | Salary Increase Above Increments (\$) | | | | | | |
| 18 | Longevity Increase (\$) | 255 | | | | W + + + + + + + + + + + + + + + + + + + | |
| 19 | Total Increased Cost for "Other" Items (\$) | | | | | | |
| 20 | Total Increase (\$) (sum of lines 16-19) | -484,302 | 129,836 | 1,103,577 | -411,907 | | |

SECTION V: Average Increase Over Term of New CNA

| 21 | Dollar Increase Over Life of Contract | 337,204 | [Take sum of all amounts listed on Line 20 above] |
|----|---|---------|---|
| 22 | Percentage Increase Over Life of Contract | 8.56 % | [Divide amount on Line 21 by amount on Line 14] |
| 23 | Average Percentage Increase Per Year | 2.14 % | [Divide percentage on Line 22 by number of years of |
| | | | the contract] |

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

| 24 | ltem Description | Base Year Cost (\$) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|----|---------------------|------------------------|--------|--------|--------|--------|--------|--------|
| | | | | | | | | |
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| | | | | | : | | : | |
| | | | | | | | | : |
| | | | | | | | | |
| 25 | Totals (\$): | | | | | | | |

SECTION VII: Medical Costs

| | Insurance Costs | Base Year | Year 1 |
|----|-------------------------|-----------|--------|
| 26 | Health Plan Cost | ş | ş |
| 27 | Prescription Plan Cost | \$ | \$ |
| 28 | Dental Plan Cost | \$ | \$ |
| 29 | Vision Plan Cost | \$ | \$ |
| 30 | Total Cost of Insurance | \$ | \$ |

Page 3 of 4 (complete all pages)

| Emple | oyer: Morris County Prosecutor's Office | Employee Organization: NJ State PBA Local 327 | Page 4 |
|----------|---|---|--------|
| SECT | ION VII: Medical Costs (continued) | | |
| 31 32 | Employee Insurance Contributions Contributions as % of Total Insurance Cos | \$ | |
| | | | |
| 33 | Identify any insurance changes that we | ere included in this CNA. | |
| | | | |
| | | | |
| | | | |
| | | | |
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| L | | | |
| | SECTION VIII: Certification and Signa | ture | |
| 34 | The undersigned certifies that the for | egoing figures are true: | |
| | | | |
| | Print Name: Mary Susan D'Amore | | |
| | Position/Title: Labor Relations Special | ist | |
| | \overline{m} | Vhava | |
| | Signature: Mary Suren K | Chrose | |
| | Date: September 28, 2018 | | |
| | | | |
| | Send this completed and signed form | n along with an electronic copy of the contract and the | signed |
| | certification form to: contracts@per | <u>c.state.nj.us</u> | |
| | | | |
| | NJ Public Employment Relations Com | mission | |
| | Conciliation and Arbitration | 111331511 | |
| | PO Box 429 | | |
| | Trenton, NJ 08625 | | |

Phone: 609-292-9898 Revised 8/2016