

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: Ocean County Utilities Authority County: Ocean
 2 Employee Organization: OPEIU, Local 32 Number of Employees in Unit: 65
 3 Base Year Contract Term: 2017-2018 New Contract Term: 1/1/19-12/31/21

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 \$ 4,410,078
 10 Longevity Costs in Base Year \$ 0
 11 Total Salary Base \$ 4,410,078

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>1/1/19</u>	<u>1/1/20</u>	<u>1/1/21</u>		
13 Cost of Salary Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
14 Salary Increase Above Increments (\$)	<u>96,332</u>	<u>100,370</u>	<u>104,697</u>		
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)					
17 New Salary Base (\$)	<u>4,506,410</u>	<u>4,606,780</u>	<u>4,711,478</u>		
18 Percentage increase over prior year	<u>2.184</u> %	<u>2.227</u> %	<u>2.273</u> %		

*If contract duration is longer than five years, please add an additional page.

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	
	\$ SHBP	\$ SHBP
22	Prescription Plan Cost	
	\$	\$
23	Dental Plan Cost	
	\$	\$
24	Vision Plan Cost	
	\$	\$
25	Total Cost of Insurance	
	\$	\$
26	Employee Insurance Contributions	
	\$	\$
27	Employee Contributions as % of Total Insurance Cost	
	%	%

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

None

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	Margaret Hansen
Position/Title:	Director, Human Resources
Signature:	
Date:	3/22/2019

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

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