## 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: Borough of Dumont	County: Bergen
2	Employee Organization: PBA Local 377	Number of Employees in Unit: 28
3	Base Year Contract Term: 2016	
4	New Contract Term: thru 2021	
	SECTION II: Type of Contract Settlement (please ch	eck only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbitrator	r issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or expire	ed agreement.
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base so or table and any amount provided pursuant to a salary increment shall also include any other item agreed to by the parties, or understood by the parties in the prior contract. Base salary shall health and medical insurance costs."	ent, including any amount for longevity or length of service. any other item that was included in the base salary as
10	Salary Costs in base year	<b>\$</b>  2,553,251
11	Longevity Costs in base year	s 270,655
12	Other base year salary costs	•
	Holiday Pay <sub>\$</sub> 193,098	
	Night Differential \$ 16,800	
	\$	
	s j	
	Sum of "Other" Costs Listed in Line 12.	<b>\$</b>  209,898
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	<b>\$</b> 3,033,814

Empl	oyer: Borough of Dumo	nt	Employe	ee Organization	n: PBA Local	377	Page 2
	SECTION IV: Increase in Base Salary Cost (for each year of New CNA)						
14	Total Base Salary Cost fro	om Line 13:	\$ 3,033,814	<u>*                                    </u>			
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	1/1/17	1/1/18	1/1/19	1/1/20	1/1/21	
16	Cost of Salary Increments (\$)	21337	21707	20460	19410	18566	
17	Salary Increase Above Increments (\$)	30951	33610	35733	37688	39828	
18	Longevity Increase (\$)	3413	3521	3631	3744	3859	CANADATA A CANADA CANADA ANA CANA
19	Total Increased Cost for "Other" Items (\$)	3893	3965	4039	4113	4190	
20	Total Increase (\$) (sum of lines 16-19)	59594	62803	63863	64955	66443	
SECTION V: Average Increase Over Term of New CNA							
21	Dollar Increase Over Life		\$ 317,658	[Take sur	n of all amount	s listed on Line	20 above]
22	Percentage Increase Ove	er Life of Contr	act 10.47	% [Divide a	mount on Line	21 by amount	on Line 14]
23	Average Percentage Incr	ease Per Year	2.09	% [Divide p	ercentage on L ract]	ine 22 by numl	ber of years of

Employer: Borough of Dumont	Employee Organization: PBA Local 377	Page 3

## SECTION VI: Other Economic Items Outside Base Salary and Increases

## ←Increases→

					\ 111C1\	-uses /		
24	ltem Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
			1 1/4					
				144				
							No. at 12 may be able to the rest of more described and the first of the second of the	
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25	Totals (\$):	0					4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	

SECTION VIII Medical Costs
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	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 797,482	\$ 839,324
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$ <mark>]43,570</mark>	\$ 45,372
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$\\ 841,052	\$884,696

Page 3 of 4 (complete all pages)

Emplo	oyer: Borough of Dumont	Employee Organization: PBA Local 377	Page 4
SECTI	ION VII: Medical Costs (continued)		
31 32	Employee Insurance Contributions  Contributions as % of Total Insurance C	\$\begin{align*} 124398 & \frac{1}{39244} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	Identify any insurance changes that rance contribution increased from	15% to 30%.	
Pres	scription costs involved in Health B	enetits total line 26	
l			
	SECTION VIII: Certification and Sig	nature	
34	The undersigned certifies that the f	oregoing figures are true:	
	Brint Name: Raymond Herr		
	Print Name: Raymond Herr Position/Title: Borough Administr	rator	
	Position/Title: Dorough / Ann.		•
	Signature:		
	Date: 04/04/17		
	Send this completed and signed fo certification form to: contracts@p	orm along with an electronic copy of the contract and perc.state.nj.us PREVIOUSLY E-MAILED ON 1/19/17	d the signed
		ON 1/19/17	

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016