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

Line#

	SECTION I: Parties and Term o	f Contracts							
1	Public Employer: Glouc Co	dy Inp. Auch.	County: G	loucester					
2	Employee Organization: UFCV	V Local 1360	Number of Employ		7				
3	Base Year Contract Term:	to 123116	New Contract Terr		12-31-21				
	SECTION II: Type of Contract S	ettlement (please che	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN						
4	Contract settled without		one,						
5	Contract settled with assis				.10				
6	Contract settled with assistance of mediator Contract settled with assistance of fact-finder								
7	Contract settled with assis)r		1				
8	If contract was settled in fact-finding			mmandatia7					
	Yes No No		ac a report with recor	illiendations?					
	SECTION III: Salary Base								
	The salary base is the cost of salarie the parties negotiate the salary incr	es in the final year of the reases.	expired or expiring ag	greement. This is the	base cost from which				
9	Salary Costs in Base Year	\$ 499,60	68.87						
10	Longevity Costs in Base Year	\$ 0							
11	Total Salary Base	s 499, le	68.87						
	SECTION IV: Salary Increases for	r Each Year of New Ag	reement*						
12	Year 1	Year 2	Year 3	Year 4	Year 5				
13	(month/day/year) Cost of Salary Increments (\$)		17-7-79	17-1-20	17-7-21				
14	Salary Increase Above Increments (\$)								
15	Longevity Increase (\$)								
16	Total \$ Increase (sum of lines 13-15)		V11.0 100.000 100.000						
17	New Salary Base (\$)								
18	Percentage increase over prior year	% 2 %	1 2 %	2 %	2 %				
	*If contract duration is longer than fi	ve years, please add an i	additional page						

-nip	SECTION V: Incre	ases in Other		yee Organization		1 1360	Page 2
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
0	Totals(\$):						
	*If contract duration	n is longer than fi	ve years, please ac	dd an additional p	ooge.		
	SECTION VI: Medi	cal Costs					
	SECTION VI: Medi	ical Costs		Base Year		201	
	SECTION VI: Medi			Base Year		396	
	SECTION VI: Medi			\$ 203,8 \$ 14/	A 5 41	IA .	
	SECTION VI: Medi				320 s 208, 8 A s 41	IA .	
	SECTION VI: Medi Health Plan Cost Prescription Plan Cost Dental Plan Cost	st		\$ 203.8 \$ 14/ \$ 636 \$ 1050	\$20 \$208,8 A \$ 141 67 \$ 63 4 \$ 105	1A 67	
	SECTION VI: Medi Health Plan Cost Prescription Plan Cost Dental Plan Cost Vision Plan Cost	st ce		\$ 203.8 \$ 14/ \$ 630 \$ 1050	\$20 \$208,8 A \$ 41 67 \$ 63 4 \$ 105 241 \$216,	1A 67	

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Section VI: Medical Costs (continued) Employee Organization: Livil 1360					
28	Identify any insurance changes that were included in this CNA.				
	NA				
29	SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true:				
	Print Name: George S. Strackan Position/Title: Executive Nineator				
	Signature: Guy, D. Shalan				
	Date: 11/21/7				
	Send this completed and signed form along with an electronic copy of the contract and the signed form to: contracts@perc.state.nj.us	certification			

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

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