

## 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 summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2022 thru 6/30/2026.

Employer: Evesham Municipal Utilities Authority

County: Burlington

Date: 1/17/2023

Name: Frank Locantore

Print Name

Title: Director of Personnel, Safety and Security

Frank Locantore Digitally signed by Frank Locantore  
Date: 2023.01.17 14:58:27 -05'00'

Signature



**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: <input type="text" value="Evesham Municipal Utilities Authority"/>	County: <input type="text" value="Burlington"/>
2	Employee Organization: <input type="text" value="Government Workers Union"/>	Number of Employees in Unit: <input type="text" value="5"/>
3	Base Year Contract Term: <input type="text" value="6/30/2022"/>	New Contract Term: <input type="text" value="7/1/2022 - 6/30/2026"/>

**SECTION II: Type of Contract Settlement (please check only one)**

4	<input checked="" type="checkbox"/> Contract settled without neutral assistance
5	<input type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>

**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	\$ <input type="text" value="467841"/>
10	Longevity Costs in Base Year	\$ <input type="text"/>
11	Total Salary Base	\$ <input type="text" value="467841"/>

**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)	<input type="text" value="7/1/2022"/>	<input type="text" value="7/1/2023"/>	<input type="text" value="7/1/2024"/>	<input type="text" value="7/1/2025"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="23753"/>	<input type="text" value="18709"/>	<input type="text" value="20708"/>	<input type="text" value="19662"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="23753"/>	<input type="text" value="18709"/>	<input type="text" value="20708"/>	<input type="text" value="19662"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="5"/> %	<input type="text" value="3.8"/> %	<input type="text" value="4"/> %	<input type="text" value="3.7"/> %	<input type="text"/>

*\*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	\$ 129286	\$ 134326
22 Prescription Plan Cost	\$	\$
23 Dental Plan Cost	\$ 6057	\$ 6057
24 Vision Plan Cost	\$	\$
25 Total Cost of Insurance	\$ 135343	\$ 140383
26 Employee Insurance Contributions	\$ 32311	\$ 32942
27 Employee Contributions as % of Total Insurance Cost	23.87 %	23.47 %

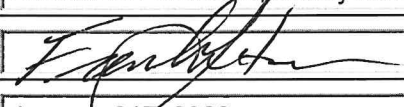
**Section VI: Medical Costs (continued)**

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

Member health care contributions are made in accordance with a specified rate schedule (Schedule C). In the event a member switches level of coverage, the employee shall be subject to payment of the appropriate percentage rate at the new level of coverage.

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name:	Frank Locantore
Position/Title:	Director of Personnel, Safety and Security
Signature:	
Date:	January 21 <sup>st</sup> , 2023

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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](mailto:contracts@perc.state.nj.us)

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

Revised 8/2016

