

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 1/1/2021 thru 12/31/2023.

Employer: Warren County Public Health Nurses

County: Warren

Date: 4/27/2022

Name: Kim Francisco

Print Name

Title: Chief Financial Officer


Signature