

PBA Local 318 - Sergeants

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 1/1/2020 thru 12/31/2023

Employer: TOWNSHIP OF WASHINGTON

County: Gloucester

Date: 10/21/2022

Name: COLETTE BACHICH

Print Name

Title: CFO / INTERIM BUSINESS ADMINISTRATOR



Signature

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 1,693,795

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2020</u>	<u>01/01/2021</u>	<u>01/01/2022</u>	<u>01/01/2023</u>		
16 Cost of Salary Increments (\$)	<u>51,532</u>	<u>38,177</u>	<u>44,311</u>	<u>35,560</u>		
17 Salary Increase Above Increments (\$)	<u>3000</u>	<u>4500</u>	<u>1500</u>	<u>0</u>		
18 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>54,532</u>	<u>42,677</u>	<u>45,811</u>	<u>35,560</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 178,580 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 10.54 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.64 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

24	Item Description	Base Year Cost (\$)	←Increases→					Year 6
			Year 1	Year 2	Year 3	Year 4	Year 5	
	HOLIDAY PAY	15,000	0	0	0	0		
	SHIFT DIFFERENTIAL	8,000	0	0	0	0		
	CLOTHING ALLOWANCE	6,000	0	0	0	0		
	SICK BUY BACK	75,000	0	0	0	0		
25	Totals (\$):	104,000	0	0	0	0		

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 351,805	\$ 339,260
27	Prescription Plan Cost	\$ 67,460	\$ 61,185
28	Dental Plan Cost	\$ 15,400	\$ 15,400
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 434,665	\$ 415,845

Employer: TOWNSHIP OF WASHINGTON

Employee Organization: PBA LOCAL 318 SERGEANTS

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>146,742</u>	\$ <u>140,155</u>
32	Contributions as % of Total Insurance Cost	<u>33.75</u> %	<u>33.70</u> %

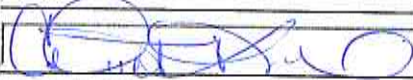
33 Identify any insurance changes that were included in this CNA.
NONE

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: COLETTE BACHICH

Position/Title: CFO / INTERIM BUSINESS ADMINISTRATOR

Signature: 

Date: 10/21/2022

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

Revised 8/2016