New Jersey Public Employment Relations Commission NON-POLICE AND FIRE LECTIVE NEGOTIATIONS AGREEMENT SUMMARY FOR

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #							
	SECTION I: Parties a	nd Term of Contra	acts	8			
1	Public Employer: Wer	onah Board of Edi	ucation	ounty: Glouceste	r		
2	Employee Organization	n: Wenonah Education	n Association	lumber of Employe	es in Unit: 25		
3	Base Year Contract Ter	7/1/13-6/30/	16	lew Contract Term:	7/1/16-6/30/19		1
	SECTION II: Type of	Contract Settleme	ent (please check o	only one)			
4		led without neutral		·			
-							
5	Contract settl	led with assistance o	of mediator				
6	Contract settl	led with assistance o	of fact-finder				
7	Contract settl	ed with assistance o	f super-conciliator				
8	If contract was settled	in fact-finding, did t	the fact-finder issue a	report with recom	mendations?		
	Yes No			-			
- 57	SECTION III: Salary	Base			-%		
	The salary base is the			pired or expiring ag	reement. This is th	ie base cost fron	n which
	the parties negotiate t	the salary increases.					
9	Salary Costs in Base Ye	ear	\$ 1530316				
10	Longevity Costs in Bas	e Year	\$ <mark>4200</mark>				
11	Total Salary Base		\$1534516				
	SECTION IV: Salary	Increases for Each	n Year of New Agre	ement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	7/1/16	7/1/17	7/1/18			
13	Cost of Salary	45741	47427	48575			
14	Increments (\$) Salary Increase Above						
	Increments (\$)	500		250			
15	Longevity Increase (\$)	300	0	250			
16	Total \$ Increase (sum of lines 13-15)	46041	47427	48825		_	
17	New Salary Base (\$)	1580557	1627984	1676809			
18	Percentage increase over prior year	3%	3 %	3 ,	6	%	%
	*If contract duration	is lonaer than five v	ears, please add an a	dditional page.			

Page 2

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):	\(\frac{1}{2}\)					

^{*}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	s 339217	\$393019
2	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 11200	\$ 11596
24	Vision Plan Cost	\$	\$
5	Total Cost of Insurance	\$ <mark>350417</mark>	\$ <mark>404615</mark>
26	Employee Insurance Contributions	\$ 54552	ş 77186
27	Employee Contributions as % of Total Insurance Cost	16	_% 19

Page 2 of 3 (complete all pages)

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