New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

	10	-	- 11
L		_	**

	SECTION I: Parties	and Term of Cont	racts					
1	Public Employer:	wn of Newton		County: Sussex				
2	Employee Organizatio	Employee Organization: CWA Local 1032		Number of Employees in Unit: 11				
3	Base Year Contract Te	Base Year Contract Term: 01/01/2019 - 12/31/2022		New Contract Term: 01/01/2023 - 12/31/2027				
	SECTION II: Type o	f Contract Settlen	nent (please check	only one)				
4	Contract set	Contract settled without neutral assistance						
5	Contract set	Contract settled with assistance of mediator						
6	Contract set	tled with assistance	of fact-finder					
7	Contract sett	eled with assistance of	of super-conciliator					
8	If contract was settled			a report with recom	mendations?			
•	Yes No No	Till fact-finding, did	the fact-initier issue	a report with recom	nendations:			
	SECTION III: Salary	Base						
	The salary base is the the parties negotiate		•	xpired or expiring agr	eement. This is the	base cost from which		
9	Salary Costs in Base Y	ear	\$ 294,025					
10	Longevity Costs in Base Year		\$ 5,881					
11	Total Salary Base \$ 299,906		\$ 299,906					
	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)	01/01/2023	01/01/2024	01/01/2025	01/01/2026	01/01/2027		
13	Cost of Salary Increments (\$)	7,056	6,924	6,928	6,759	6,572		
14	Salary Increase Above Increments (\$)	0	0	0	0	0		
15	Longevity Increase (\$)	141	138	139	135	131		
16	Total \$ Increase (sum of lines 13-15)	7,197	7,062	7,067	6,894	6,703		
17	New Salary Base (\$)	307,103	315,067	321,996	328,751	335,319		
18	Percentage increase over prior year	2.4 %	2.3 %	2.2 %	2.1 %	2.0 %		
	*If contract duration is	s longer than five ye	ars, please add an ac	dditional page.				

Empl	oyer: Town of New	rton	Emplo	yee Organization	ı: CWA Local	1032	Page 2
	SECTION V: Incre						
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: Med	ical Costs					
21	Health Plan Cost			Base Yea \$		2	
22	Prescription Plan Co	st		\$ <mark>0</mark>	\$		
23	Dental Plan Cost			ş 5,184	ş 5184		
24	Vision Plan Cost			\$ <mark>0</mark>	\$		
25	Total Cost of Insurar	nce		\$ 87,49	2 _{\$} 92,31	16	

Page 2 of 3 (complete all pages)

\$ 20,344

23.3

\$|21,466

_% 23.3

25

26

27

Employee Insurance Contributions

Employee Contributions as % of Total Insurance Cost

Emplo	yer: Town of Newton	Employee Organization: CWA Local 1032	Page 3
Sectio	on VI: Medical Costs (continued)		
28	Identify any insurance changes that were	included in this CNA.	
29	SECTION VII: Certification and Signature The undersigned certifies that the forego Print Name: Jennifer A. Dodd HR Director Signature: 10/10/2024		
	Send this completed and signed form ald form to: contracts@perc.state.nj.us	ong with an electronic copy of the contract and the signed cert	ification
	NJ Public Employment Relations Commiss	sion	

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898 Revised 8/2016