#### Certification

I declare to the best of my knowledge and bel	ief that the attac	hed docu	iment(s) are true e	electronic copies of the
executed collective negotiations agreement(s)	and the include	d summa	ry is an accurate	assessment of the collective
bargaining agreement for the term beginning	1/1/2022		12/31/2025	

Employer: Township of Hanover

County: Morris

Date: 12/27/2023

Name: Mary Susan D'Amore

Print Name

Title: Human Resources Manager

Signature

# New Jersey Public Employment Relations Commission POLICE AND FIRE

### **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #		
	SECTION I: Parties and Term of Contracts	
1	Public Employer: Township of Hanover	County: Morris
2	Employee Organization: Superior Officers Ass. Local 128A	Number of Employees in Unit:
3	Base Year Contract Term: 1/1/18-12/31/21	
4	New Contract Term: 1/1/22-12/31/25	
	SECTION II: Type of Contract Settlement (please	e check only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbitr	rator issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	pired agreement.
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base or table and any amount provided pursuant to a salary incred the shall also include any other item agreed to by the parties understood by the parties in the prior contract. Base salary health and medical insurance costs."	se salary' means the salary provided pursuant to a salary guide ement, including any amount for longevity or length of service.  To any other item that was included in the base salary as a shall not include non-salary economic issues, pension and
10	Salary Costs in base year	\$
11	Longevity Costs in base year	
12	Other base year salary costs	
	\$	
	\$	
	International content of the content	
	Sum of "Other" Costs Listed in Line 12.	•
13		
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$I

Emp	loyer: Township of Hand	over	Emplo	yee Organizati	ion: Superior (	Off Assoc Local	1 128A Page 2
14	SECTION IV: Increase  Total Base Salary Cost fro		ry Cost (for 6	each year of N	lew CNA)		
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)			Special companies of the conference of the confe			
16	Cost of Salary Increments (\$)				Market in second in California and C		
17	Salary Increase Above Increments (\$)						
18	Longevity Increase (\$)		production of the second of the second				A Commence of the Commence of
19	Total Increased Cost for "Other" Items (\$)						
20	Total Increase (\$) (sum of lines 16-19)			Shares and extra law over the resolution and and			
SECTION V: Average Increase Over Term of New CNA							
21	Dollar Increase Over Life	of Contract	\$	[Take su	m of all amour	nts listed on Lir	ne 20 above]
22	Percentage Increase Ove	r Life of Contr	act	% [Divide a	amount on Line	e 21 by amount	t on Line 14]
23	Average Percentage Incre	ease Per Year	entropiotosis.	% [Divide   the con		Line 22 by nun	nber of years of

#### SECTION VI: Other Economic Items Outside Base Salary and Increases

## ←Increases→ 24 Item Base Year Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 Description Cost (\$) 25 Totals (\$):

#### **SECTION VII: Medical Costs Insurance Costs Base Year** Year 1 26 Health Plan Cost 27 **Prescription Plan Cost** 28 **Dental Plan Cost** 29 Vision Plan Cost 30 Total Cost of Insurance

Page 3 of 4 (complete all pages)

Emplo	oyer: Township of Hanover	Employee Organization:	Superior Off Assoc Local 128A	Page 4
SECTI	ON VII: Medical Costs (continued)			
31 32	Employee Insurance Contributions  Contributions as % of Total Insurance Cost	\$ <u>\$</u>	**************************************	
33	Identify any insurance changes that were	e included in this CNA.		
34	SECTION VIII: Certification and Signature  Print Name: Mary Susan D'Amore  Position/Title: Human Resources Mary Signature: Mary Susan D'Amore  12/27/23	oing figures are true:		
	Send this completed and signed form a certification form to: <a href="mailto:contracts@perc.s">contracts@perc.s</a>	long with an electronic o	copy of the contract and the sig	gned
	NJ Public Employment Relations Commi Conciliation and Arbitration PO Box 429 Trenton, NJ 08625	ssion		

Revised 8/2016

Phone: 609-292-9898