

**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 1/1/2017 thru 12/31/2021.

Employer: Township of Mount Holly

County: Burlington

Date: \_\_\_\_\_

Name: Sherry Marnell  
Print Name

Title: Acting Municipal Clerk

*Sherry Marnell*  
Signature

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer:  County:

2 Employee Organization:  Number of Employees in Unit:

3 Base Year Contract Term:  New Contract Term:

**SECTION II: Type of Contract Settlement (please check only one)**

4  Contract settled without neutral assistance

5  Contract settled with assistance of mediator

6  Contract settled with assistance of fact-finder

7  Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$

10 Longevity Costs in Base Year \$

11 Total Salary Base \$

**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)	<input type="text" value="01/01/2017"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2019"/>	<input type="text" value="01/01/2020"/>	<input type="text" value="01/01/2021"/>
13 Cost of Salary Increments (\$)	<input type="text" value="11927"/>	<input type="text" value="12165"/>	<input type="text" value="12408"/>	<input type="text" value="12657"/>	<input type="text" value="12910"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
15 Longevity Increase (\$)	<input type="text" value="136.14"/>	<input type="text" value="138.87"/>	<input type="text" value="141.65"/>	<input type="text" value="144.48"/>	<input type="text" value="147.37"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="12063"/>	<input type="text" value="12304"/>	<input type="text" value="12550"/>	<input type="text" value="12801"/>	<input type="text" value="13057"/>
17 New Salary Base (\$)	<input type="text" value="615203"/>	<input type="text" value="627507"/>	<input type="text" value="640057"/>	<input type="text" value="652859"/>	<input type="text" value="665916"/>
18 Percentage Increase over prior year	<input type="text" value="2"/> %	<input type="text" value="2"/> %	<input type="text" value="2"/> %	<input type="text" value="2"/> %	<input type="text" value="2"/> %

*\*If contract duration is longer than five years, please add an additional page.*

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Uniforms Public Works	0	554	554	554	554	554
	Uniforms Construction	0	120	120	120	120	120
20	Totals(\$):	0	674	674	674	674	674

*\*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	\$261,288	\$267,141
22	Prescription Plan Cost	\$N/A	\$N/A
23	Dental Plan Cost	\$11,520	\$13,278
24	Vision Plan Cost	\$1,700	\$3,400
25	Total Cost of Insurance	\$274,508	\$283,819
26	Employee Insurance Contributions	\$34,677	\$34,942
27	Employee Contributions as % of Total Insurance Cost	13%	12%

Employer:

Employee Organization:

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.

Increased reimbursement for eye care costs from \$100 to \$200 every two years

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name:

Position/Title:

Signature:

Date:

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](mailto: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