

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 7/1/19 thru 6/30/22.

Employer: Collingswood Public School District
County: London
Date: 5/29/19
Name: Beth Ann Gilman
Print Name
Title: Business Adm.
Beth Ann Gilman
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: Collingswood County: Camden
 2 Employee Organization: PSA Number of Employees in Unit: 19
 3 Base Year Contract Term: 2016-2019 New Contract Term: 2019-2022

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 N/A

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 \$ 2,322,022.39
 10 Longevity Costs in Base Year \$ 5,750
 11 Total Salary Base \$ 2,327,772.39

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)	<u>7/1/2019</u>	<u>7/1/2020</u>	<u>7/1/2021</u>		
13 Cost of Salary Increments (\$)	<u>2,400,982</u>	<u>2,474,471</u>	<u>2,547,380</u>		
14 Salary Increase Above Increments (\$)	<u>—</u>	<u>—</u>	<u>—</u>		
15 Longevity Increase (\$)	<u>3000</u>	<u>500</u>	<u>500</u>		
16 Total \$ Increase (sum of lines 13-15)					
17 New Salary Base (\$)	<u>2,403,982</u>	<u>2,474,971</u>	<u>2,547,880</u>		
18 Percentage increase over prior year	<u>2.95 %</u>	<u>2.95 %</u>	<u>2.95 %</u>		

*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 (\$)
	Sick Leave Payout	115	2.50	2.50	2.50		
20	Totals(\$):	115	117.50	120.00	122.50		

*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	\$ 192,696	\$ 197,513
22	Prescription Plan Cost	\$ 58,869	\$ 61,812
23	Dental Plan Cost	\$ 11,042	\$ 11,042
24	Vision Plan Cost	\$ —	\$ —
25	Total Cost of Insurance	\$ 262,607	\$ 270,367
26	Employee Insurance Contributions	\$ 51,855	\$ 53,251
27	Employee Contributions as % of Total Insurance Cost	20 %	20 %

Employer: Collingswood

Employee Organization: PSA

Section VI: Medical Costs (continued)

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

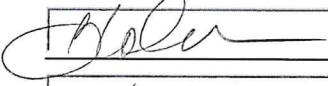
addition of a lower plan that is optional.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Beth Ann Coleman

Position/Title: Business Adm.

Signature: 

Date: 5/27/19

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