

## 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 7-1-2018 thru 6-30-2021.

Employer: Linwood Board of Education

County: Atlantic

Date: 9-4-2018

Name: Teri J. Weeks  
Print Name

Title: School Business Admin

  
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: Linwood Board of Education County: Atlantic  
 2 Employee Organization: Principal and Supervisors Number of Employees in Unit: 5  
 3 Base Year Contract Term: 07/01/2018 New Contract Term: 06/30/2021

**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 \$ 515242  
 10 Longevity Costs in Base Year \$ 0  
 11 Total Salary Base \$ 515242

**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>07/01/2018</u>	<u>07/01/2019</u>	<u>07/01/20</u>		
13 Cost of Salary Increments (\$)	<u>10734</u>	<u>9902</u>	<u>9101</u>		
14 Salary Increase Above Increments (\$)					
15 Longevity Increase (\$)					
16 Total \$ Increase (sum of lines 13-15)	<u>10734</u>	<u>9,902</u>	<u>9101</u>		
17 New Salary Base (\$)	<u>525796</u>	<u>538025</u>	<u>549107</u>		
18 Percentage increase over prior year	<u>2.08</u> %	<u>1.88</u> %	<u>1.70</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 (\$)
	Disability Program	128	122	0	0		
	Tuition Program	15000	5000	0	0		
	Vacation buy back	0	10156	228	207		
20	Totals(\$):	15,128	15278	228	207		

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

**SECTION VI: Medical Costs**

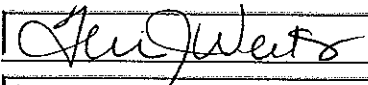
		Base Year	Year 1
21	Health Plan Cost	\$144903	\$144903
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$4558	\$4558
24	Vision Plan Cost	\$1500	\$1500
25	Total Cost of Insurance	\$150961	\$150961
26	Employee Insurance Contributions	\$46956	\$48034
27	Employee Contributions as % of Total Insurance Cost	31.8 %	33.1 %

Section VI: Medical Costs (continued)

28	Identify any insurance changes that were included in this CNA. None
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**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<u>Teri J. Weeks</u>
Position/Title:	<u>School Business Administrator</u>
Signature:	<u></u>
Date:	<u>September 4, 2018</u>

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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)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016