

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

Line #

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

|          |   |   |
|----------|---|---|
| <b>1</b> | Public Employer: <input style="width: 95%;" type="text"/>         | County: <input style="width: 95%;" type="text"/>                      |
| <b>2</b> | Employee Organization: <input style="width: 95%;" type="text"/>   | Number of Employees in Unit: <input style="width: 95%;" type="text"/> |
| <b>3</b> | Base Year Contract Term: <input style="width: 95%;" type="text"/> | New Contract Term: <input style="width: 95%;" type="text"/>           |

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

|          |   |
|----------|---|
| <b>4</b> | <input type="checkbox"/> Contract settled without neutral assistance                              |
| <b>5</b> | <input type="checkbox"/> Contract settled with assistance of mediator                             |
| <b>6</b> | <input type="checkbox"/> Contract settled with assistance of fact-finder                          |
| <b>7</b> | <input type="checkbox"/> Contract settled with assistance of super-conciliator                    |
| <b>8</b> | If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? |
|          | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

**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.

|           |                              |    |  |
|-----------|------------------------------|----|--|
| <b>9</b>  | Salary Costs in Base Year    | \$ | <input style="width: 95%;" type="text"/> |
| <b>10</b> | Longevity Costs in Base Year | \$ | <input style="width: 95%;" type="text"/> |
| <b>11</b> | Total Salary Base            | \$ | <input style="width: 95%;" type="text"/> |

**SECTION IV: Salary Increases for Each Year of New Agreement\***

|   | Year 1                                     | Year 2                                     | Year 3                                     | Year 4                                     | Year 5                                     |
|---|--|--|--|--|--|
| <b>12</b> Effective Date<br>(month/day/year)        | <input style="width: 95%;" type="text"/>   |
| <b>13</b> Cost of Salary<br>Increments (\$)         | <input style="width: 95%;" type="text"/>   |
| <b>14</b> Salary Increase Above<br>Increments (\$)  | <input style="width: 95%;" type="text"/>   |
| <b>15</b> Longevity Increase (\$)                   | <input style="width: 95%;" type="text"/>   |
| <b>16</b> Total \$ Increase<br>(sum of lines 13-15) | <input style="width: 95%;" type="text"/>   |
| <b>17</b> New Salary Base (\$)                      | <input style="width: 95%;" type="text"/>   |
| <b>18</b> Percentage increase<br>over prior year    | <input style="width: 95%;" type="text"/> % |

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

Employer:

Employee Organization:

**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 (\$) |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|    | <input type="text"/> |
|    | <input type="text"/> |
|    | <input type="text"/> |
|    | <input type="text"/> |
|    | <input type="text"/> |
|    | <input type="text"/> |
|    | <input type="text"/> |
|    | <input type="text"/> |
| 20 | Totals(\$):          | <input type="text"/> |

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

**SECTION VI: Medical Costs**

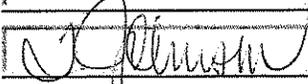
|    |   | Base Year               | Year 1                  |
|----|---|-------------------------|-------------------------|
| 21 | Health Plan Cost                                    | \$ <input type="text"/> | \$ <input type="text"/> |
| 22 | Prescription Plan Cost                              | \$ <input type="text"/> | \$ <input type="text"/> |
| 23 | Dental Plan Cost                                    | \$ <input type="text"/> | \$ <input type="text"/> |
| 24 | Vision Plan Cost                                    | \$ <input type="text"/> | \$ <input type="text"/> |
| 25 | Total Cost of Insurance                             | \$ <input type="text"/> | \$ <input type="text"/> |
| 26 | Employee Insurance Contributions                    | \$ <input type="text"/> | \$ <input type="text"/> |
| 27 | Employee Contributions as % of Total Insurance Cost | <input type="text"/> %  | <input type="text"/> %  |

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

|           |  |
|-----------|--|
| <b>28</b> | Identify any insurance changes that were included in this CNA. |
| None      |  |

**SECTION VII: Certification and Signature**

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

|                 |  |
|-----------------|--|
| Print Name:     | <u>Theresa Johnson</u>   |
| Position/Title: | <u>CFO/HRO</u>   |
| Signature:      |  |
| Date:           | <u>7/27/17</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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