## New Jersey Public Employment Relations Commission <u>POLICE AND FIRE</u>

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line# **SECTION I: Parties and Term of Contracts** Public Employer: 1 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) 5 Contract settled without neutral assistance Contract settled with assistance of mediator 6 7 Contract settled with assistance of fact-finder 8 Contract settled in Interest Arbitration 9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? **SECTION III: Base Salary Calculation** The "base year" refers to the final year of the expiring or expired agreement. N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs." 10 Salary Costs in base year 11 Longevity Costs in base year 12 Other base year salary costs Sum of "Other" Costs Listed in Line 12.

Total Base Salary Cost: (sum of lines 10, 11, 12):

13

| Empl | oyer:   |               | Employe   | e Organization | າ:                      |                  | Page 2          |  |
|------|---|---------------|---|----------------|-------------------------|------------------|-----------------|--|
| 14   | SECTION IV: Increase in Base Salar Total Base Salary Cost from Line 13: |               | Cost (for eac                                     | ch year of Ne  | w CNA)                  |                  |                 |  |
|      | Increases   | Year 1        | Year 2  | Year 3         | Year 4                  | Year 5           | Year 6          |  |
| 15   | Effective Date<br>(month/day/year)                                      |               |   |                |                         |                  |                 |  |
| 16   | Cost of Salary Increments (\$)  |               |   |                |                         |                  |                 |  |
| 17   | Salary Increase Above Increments (\$)                                   |               |   |                |                         |                  |                 |  |
| 18   | Longevity Increase (\$)   |               |   |                |                         |                  |                 |  |
| 19   | Total Increased Cost for "Other" Items (\$)                             |               |   |                |                         |                  |                 |  |
| 20   | Total Increase (\$)<br>(sum of lines 16-19)                             |               |   |                |                         |                  |                 |  |
|      | SECTION V: Average I  | ncrease Over  | Term of New                                       | CNA            |                         |                  |                 |  |
| 21   | Dollar Increase Over Life   | of Contract   | \$  | Take sum       | n of all amounts        | s listed on Line | 20 above]       |  |
| 22   | Percentage Increase Ove   | act           | % [Divide amount on Line 21 by amount on Line 14] |                |                         |                  |                 |  |
| 23   | Average Percentage Incre  | ease Per Year |   | % [Divide po   | ercentage on Li<br>act] | ne 22 by numb    | per of years of |  |

| ΠĻ | lloyer: <u> </u>  |                        |              | Employee     | Organization  | ·             |               | Ра     |
|----|---|------------------------|--------------|--------------|---------------|---------------|---------------|--------|
|    | SECTION VI:   | Other Econo            | omic Items C | Outside Base | Salary and Ir | ncreases      |               |        |
|    | SECTION VI: Other Economic Items Outside Base Salary and Increases  ←Increases→ |                        |              |              |               |               |               |        |
| ļ  | Item<br>Description   | Base Year<br>Cost (\$) | Year 1       | Year 2       | Year 3        | Year 4        | Year 5        | Year 6 |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    |   |                        |              |              |               |               |               |        |
|    | Totals (\$):  |                        |              |              | <br>1         | - <del></del> | - <del></del> | <br>1  |
| 5  | ι οιαιό (φ).  |                        |              | <u> </u>     | <u> </u>      | <u> </u>      | <u> </u>      | _      |
|    |   |                        |              |              |               |               |               |        |
|    | SECTION VII:  | Medical Cos            | sts          |              |               |               |               |        |
|    | Insurance Cost  | :s                     |              | Base Y       | 'ear Year     | r <b>1</b>    |               |        |
|    | Health Plan Co  | st                     |              | \$           | \$            |               |               |        |
|    | Prescription Pla  | an Cost                |              | \$           | \$            |               |               |        |
|    | Dental Plan Co  | st                     |              | \$           | \$            |               |               |        |
|    | Vision Plan Cos   | st                     |              | \$           | \$            |               |               |        |

**Total Cost of Insurance** 

30

| Emplo    | yer: Employee Organization:  | Page 4 |  |  |  |  |  |  |
|----------|--|--------|--|--|--|--|--|--|
| SECTIO   | ON VII: Medical Costs (continued)  |        |  |  |  |  |  |  |
| 31<br>32 | Employee Insurance Contributions \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Contributions as % of Total Insurance Cost  |        |  |  |  |  |  |  |
| 33       | Identify any insurance changes that were included in this CNA.   |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          | SECTION VIII: Certification and Signature  |        |  |  |  |  |  |  |
| 34       | The undersigned certifies that the foregoing figures are true:   |        |  |  |  |  |  |  |
|          | Print Name:  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          | Position/Title:  |        |  |  |  |  |  |  |
|          | Signature: Nudrew Piore  |        |  |  |  |  |  |  |
|          | Date:  |        |  |  |  |  |  |  |
|          |  |        |  |  |  |  |  |  |
|          | Send this completed and signed form along with an electronic copy of the contract and the signed form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a> | gned   |  |  |  |  |  |  |
|          | NJ Public Employment Relations Commission  |        |  |  |  |  |  |  |
|          | Conciliation and Arbitration   |        |  |  |  |  |  |  |
|          | PO Box 429   |        |  |  |  |  |  |  |

Phone: 609-292-9898 Revised 8/2016

Trenton, NJ 08625