

**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: LAKEWOOD BOARD OF EDUCATION County: OCEAN

2 Employee Organization: LAKEWOOD ADMINISTRATORS ASSOCIATION Number of Employees in Unit: 32

3 Base Year Contract Term: 2021-2024 New Contract Term: 2024-2027

**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 \$ 4,745,841

10 Longevity Costs in Base Year \$ 0

11 Total Salary Base \$ 4,745,841

**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>7/1/2024</u>	<u>7/1/25</u>	<u>7/1/26</u>		
13 Cost of Salary Increments (\$)	<u>189,833</u>	<u>197,427</u>	<u>205,324</u>		
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
15 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>		
16 Total \$ Increase (sum of lines 13-15)	<u>56,087</u>	<u>197,427</u>	<u>205,324</u>		
17 New Salary Base (\$)	<u>4,935,674</u>	<u>5,133,102</u>	<u>5,338,425</u>		
18 Percentage increase over prior year	<u>4.00</u> %	<u>4.00</u> %	<u>4.00</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 (\$)
	NONE						
20	Totals(\$):						

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

**SECTION VI: Medical Costs**

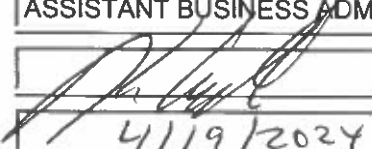
		Base Year	Year 1
21	Health Plan Cost	\$ 705,511	\$ 705,511
22	Prescription Plan Cost	\$ 156,473	\$ 156,473
23	Dental Plan Cost	\$ 49,137	\$ 49,137
24	Vision Plan Cost	\$ 4,549	\$ 4,549
25	Total Cost of Insurance	\$ 915,670	\$ 915,670
26	Employee Insurance Contributions	\$ 247,597	\$ 247,597
27	Employee Contributions as % of Total Insurance Cost	28.72 %	28.72 %

Section VI: Medical Costs (continued)

28 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: KEVIN CAMPBELL  
Position/Title: ASSISTANT BUSINESS ADMINISTRATOR  
Signature:   
Date: 4/19/2024

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

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