## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE LECTIVE NECOTIATIONS ACREEMENT SHAPPARY FOR

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Line | #  |   |  |                                   |   |  |  |  |
|------|--|---|--|-----------------------------------|---|--|--|--|
|      | SECTION I: Parties   | and Term of Contr                                     | racts  |                                   |   |  |  |  |
| 1    | Public Employer: Deptford Township Municipal Utilities Authority   |   |  | County: Gloucester                |   |  |  |  |
| 2    | Employee Organizatio   | Employee Organization:                                |  | Number of Employees in Unit: 19   |   |  |  |  |
| 3    | Base Year Contract Te  | tract Term: 2/1/20-1/31/23                            |  | New Contract Term: 2/1/23-1/31/26 |   |  |  |  |
|      | SECTION II: Type of  | f Contract Settlem                                    | ent (please check  | only one)                         |   |  |  |  |
| 4    | Contract set   | Contract settled without neutral assistance           |  |                                   |   |  |  |  |
| 5    | Contract sett  | led with assistance (                                 | of mediator  |                                   |   |  |  |  |
| 6    | Contract sett  | led with assistance o                                 | of fact-finder   |                                   |   |  |  |  |
| 7    | Contract sett  | Contract settled with assistance of super-conciliator |  |                                   |   |  |  |  |
| 8    |  |   | -  | a report with recomm              | mendations?   |  |  |  |
|      | If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  Yes No 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 Ye  | year \$ 1129039.82                                    |  |                                   |   |  |  |  |
| 10   | Longevity Costs in Base Year   |   |  |                                   |   |  |  |  |
| 11   | Total Salary Base  | Total Salary Base                                     |  | s 1129039.82                      |   |  |  |  |
|      | SECTION IV: Salary   | Increases for Each                                    | Year of New Agr  | eement*                           |   |  |  |  |
|      |  | Year 1  | Year 2   | Year 3                            | Year 4  | Year 5   |  |  |
| 12   | Effective Date   | 2/1/23  | 2/1/24   | 2/1/25                            |   |  |  |  |
| 13   | (month/day/year)<br>Cost of Salary<br>Increments (\$)  | 39516.39  | 35056.69   | 36108.39                          | y white the manufacture and the first territory datasets datasets dataset and the second datasets dataset and the second datasets datasets dataset datasets datasets datasets datasets datasets datasets dataset datasets datasets datasets datasets datasets datasets dataset |  |  |  |
| 14   | Salary Increase Above Increments (\$)  |   | grellindermoellinde dit mittanliche blind derleite gelde Viller die Franke stallermoe uit in met |                                   |   | The state of the s |  |  |
| 15   | Longevity Increase (\$)  |   | 0  | 0                                 |   |  |  |  |
| 16   | Total \$ Increase<br>(sum of lines 13-15)  |   |  |                                   | grand ment med and have have him militare for discussion of discussion and assessment communication of the second | The state of the s |  |  |
| 17   | New Salary Base (\$)   | 1168556.21  | 1203612.90   | 1239721.29                        |   |  |  |  |
| 18   | Percentage increase over prior year  | 3.5 %   | 3.0 %  | 3.0                               | paraismatiliseemirrimatilisettore teamirotesianiaas   | %  |  |  |
|      | over prior year  | 4               |  |                                   |   |  |  |  |
|      | *If contract duration i  | ic langar than five ve                                | are places add == =  | dditional page                    |   |  |  |  |

## SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*

| 19 | Item Description Uniform Allowance   | Base Year<br>Cost (\$) | Year 1<br>Increase (\$)  | Year 2<br>Increase (\$)   | Year 3<br>Increase (\$) | Year 4<br>Increase (\$)   | Year 5<br>Increase (\$) |
|----|--|------------------------|--|---|-------------------------|---|-------------------------|
|    | Omiomi Alowance  | 3230                   | 1030   | Į <b>U</b>  | <u> 1</u> 0             | <u> </u>  |                         |
|    | Shoe Allowance   | 2600                   | 650  | 0   | 0                       |   |                         |
|    | Duty Pay   | 18200                  | 0  | 0   | 0                       |   |                         |
|    | PIC/FIO  | 3000                   | 300  | 0   | 0                       |   |                         |
|    | License Bonuses  | 2350                   | 0  | 0   | 0                       |   |                         |
|    |  |                        |  |   |                         |   |                         |
|    |  |                        | When the property of the prope |   |                         |   |                         |
|    | and the second s |                        |  |   |                         |   |                         |
| 20 | Totals(\$):  |                        |  | - Continue |                         | i gratimat met met ett opti å i et i min med å manne så ett e <sub>t</sub> en med ett e |                         |

<sup>\*</sup>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                                    | ş <mark>367005</mark> | ş <mark>450501</mark>           |
| 22 | Prescription Plan Cost                              | ş N/A                 | ş N/A                           |
| 23 | Dental Plan Cost                                    | s 14659               | ş 14659                         |
| 24 | Vision Plan Cost                                    | <sub>\$</sub> 7310    | ş <mark>7310</mark>             |
| 25 | Total Cost of Insurance                             | \$ 388974             | ş 472470                        |
| 26 | Employee Insurance Contributions                    | s 41840               | ş <mark>48581</mark>            |
| 27 | Employee Contributions as % of Total Insurance Cost | 10.76                 | <sub>%</sub> 10.28 <sub>%</sub> |

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| Employ                         | er: Deptford Towns | ship Municipal Utilities Authority                             | Employee Organization:   | AFSCME AFL-CIO District Council 63, Local 3303D | Page 3                                  |
|--------------------------------|--------------------|--|--------------------------|---|---|
| Section                        | n VI: Medical Co   | osts (continued)   |                          |   |   |
| 28                             | Identify any in    | surance changes that were in                                   | cluded in this CNA.      |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                                |                    |  |                          |   |   |
|                                |                    |  |                          |   |   |
|                                |                    |  |                          |   |   |
|                                |                    |  |                          |   |   |
|                                |                    |  |                          |   |   |
| 29                             |                    | Certification and Signature<br>and certifies that the foregoin | og figures are true:     |   |   |
| <i></i>                        | The undersigne     | ed certines that the loregon                                   | ng ngures are u ue.      |   |   |
|                                | Print Name:        | Elizabeth Rogale   |                          |   |   |
|                                | Position/Title:    | Chief Financial Office   | er                       |   |   |
|                                | Signature:         | 18 Lijalund S.R.   | 1986                     |   |   |
|                                | Date:              | March 31, 2023   |                          |   |   |
| <del>тиносположения пушт</del> |                    |  |                          |   | 3000                                    |
|                                |                    | oleted and signed form alou<br>acts@perc.state.nj.us           | ng with an electronic co | py of the contract and the signed cert          | ification                               |
|                                | NJ Public Emplo    | oyment Relations Commissi                                      | on                       |   |   |

**Conciliation and Arbitration** 

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Revised 8/2016