## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Line : | #   |  |                      |                         |                              |                      |  |  |
|--------|---|--|----------------------|-------------------------|------------------------------|----------------------|--|--|
|        | SECTION I: Parties  | and Term of Conti  | racts                |                         |                              |                      |  |  |
| 1      | Public Employer: Ew   | Public Employer: Ewing Township  |                      |                         | County: Mercer               |                      |  |  |
| 2      | Employee Organizatio  | Employee Organization: FMBA-393  |                      |                         | Number of Employees in Unit: |                      |  |  |
| 3      | Base Year Contract Te   | Base Year Contract Term: 4 years   |                      |                         | New Contract Term: 6 Years   |                      |  |  |
|        | SECTION II: Type of   | Contract Settlem   | ent (please check    | conly one)              |                              |                      |  |  |
| 4      | Contract set  | Contract settled without neutral assistance  |                      |                         |                              |                      |  |  |
| 5      | Contract sett   | Contract settled with assistance of mediator   |                      |                         |                              |                      |  |  |
| 6      | Contract sett   | Contract settled with assistance of fact-finder  |                      |                         |                              |                      |  |  |
| 7      | Contract sett   | led with assistance o  | of super-conciliator |                         |                              |                      |  |  |
| 8      | , ( <u> </u>  |  |                      |                         | mendations?                  |                      |  |  |
| ====== | Yes No No   | 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 the parties negotiate                                    |  | =                    | expired or expiring agr | eement. This is the l        | pase cost from which |  |  |
| 9      | Salary Costs in Base Yo   | Salary Costs in Base Year \$ 726,169   |                      |                         |                              |                      |  |  |
| 10     | Longevity Costs in Base Year \$   |  | <b>\$</b> 0          |                         |                              |                      |  |  |
| 11     | Total Salary Base   |  | \$ 726,169           |                         |                              |                      |  |  |
|        | SECTION IV: Salary  | Increases for Each   | Year of New Ag       | reement*                |                              |                      |  |  |
|        |   | Year 1   | Year 2               | Year 3                  | Year 4                       | Year 5               |  |  |
| 12     | Effective Date (month/day/year)   | 2018   | 2019                 | 2020                    | 2021                         | 2022                 |  |  |
| 13     | Cost of Salary Increments (\$)  | 7,262  | 14,669               | 18,702                  | 19,170                       | 19,649               |  |  |
| 14     | Salary Increase Above Increments (\$)   |  |                      |                         |                              |                      |  |  |
| 15     | Longevity Increase (\$)   |  |                      |                         |                              |                      |  |  |
| 16     | Total \$ Increase<br>(sum of lines 13-15)                                       |  |                      |                         |                              |                      |  |  |
| 17     | New Salary Base (\$)  | 733,431  | 748,099              | 766,802                 | 785,972                      | 805,621              |  |  |
| 18     | Percentage increase over prior year   | 1_%  | 2 %                  | 2.5 %                   | 2.5 %                        | 2.5 %                |  |  |
|        | *If contract duration is longer than five years, please add an additional page. |  |                      |                         |                              |                      |  |  |

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|--------|--|---|---------------------|---------------------------------|----------------------|--------------------------|--|
|        | SECTION I: Parties   | and Term of Cont                                      | racts               |                                 |                      |                          |  |
| 1      | Public Employer: Ew  | Public Employer: Ewing Township                       |                     | County: Mercer                  |                      |                          |  |
| 2      | Employee Organization  | Employee Organization: FMBA-393                       |                     | Number of Employees in Unit: 10 |                      |                          |  |
| 3      | Base Year Contract Te  | erm: 4 years  |                     | New Contract T                  | 6 voors              |                          |  |
|        | SECTION II: Type of  | f Contract Settlem                                    | nent (please che    | ck only one)                    |                      |                          |  |
| 4      | Contract set   | Contract settled without neutral assistance           |                     |                                 |                      |                          |  |
| 5      | Contract sett  | tled with assistance                                  | of mediator         |                                 |                      |                          |  |
| 6      | Contract sett  | tled with assistance                                  | of fact-finder      |                                 |                      |                          |  |
| 7      | Contract sett  | Contract settled with assistance of super-conciliator |                     |                                 |                      |                          |  |
| 8      | If contract was settled                                      | d in fact-finding, did                                | the fact-finder iss | ue a report with re             | commendations?       |                          |  |
|        | Yes No   |   |                     |                                 |                      |                          |  |
|        | SECTION III: Salary Base                                     |   |                     |                                 |                      |                          |  |
|        | The salary base is the the parties negotiate                 |   | •                   | expired or expiring             | g agreement. This is | the base cost from which |  |
| 9      | Salary Costs in Base Yo                                      | ear   | \$ 726,169          |                                 |                      |                          |  |
| 10     | Longevity Costs in Base Year                                 |   | \$ 0                |                                 |                      |                          |  |
| 11     | Total Salary Base  |   | ş 726,169           |                                 |                      |                          |  |
|        | 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)                              | 2023  |                     |                                 |                      |                          |  |
| 13     | Cost of Salary<br>Increments (\$)                            | 20,141  |                     |                                 |                      |                          |  |
| 14     | Salary Increase Above Increments (\$)                        |   |                     |                                 |                      |                          |  |
| 15     | Longevity Increase (\$)                                      |   |                     |                                 |                      |                          |  |
| 16     | Total \$ Increase  |   |                     |                                 | =                    |                          |  |
| 17     | (sum of lines 13-15)<br>New Salary Base (\$)                 | 825,762   |                     |                                 | =                    | = ====                   |  |
| 18     | Percentage increase  | 0.5   | <u> </u>            |                                 |                      |                          |  |
| 10     | over prior year  | 2.5 %   | <u> </u>            | K <u> </u>                      | _%                   | _%%                      |  |
|        | *If contract duration i                                      | is lonaer than five νε                                | ears, please add ai | n additional paae.              |                      |                          |  |

| Empl | <sub>oyer:</sub> Ewing Towns | hip                    | Employ                  | ee Organization:        | FMBA-393                |                         | Page 2                  |
|------|------------------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
|      | SECTION V: Increa            | ases in Other C        |                         |                         |                         | onomic Items*           |                         |
| 19   | Item Description             | Base Year<br>Cost (\$) | Year 1<br>Increase (\$) | Year 2<br>Increase (\$) | Year 3<br>Increase (\$) | Year 4<br>Increase (\$) | Year 5<br>Increase (\$) |
|      |                              |                        |                         |                         |                         |                         |                         |
|      |                              |                        |                         |                         |                         |                         |                         |
| 20   | Totals(\$):                  |                        |                         |                         |                         |                         |                         |
|      | *If contract duration        | is longer than f       | ive years, please at    | dd an additional p      | age.                    |                         |                         |
|      | SECTION VI: Medi             | ical Costs             |                         | Base Year               | Year 1                  |                         |                         |
| 21   | Health Plan Cost             |                        |                         | \$ 222,83               |                         |                         |                         |
| 22   | Prescription Plan Co         | st                     | tr                      | \$ included a           |                         |                         |                         |
| 23   | Dental Plan Cost             |                        |                         | \$ 12,252               | - 17:30                 |                         |                         |
| 24   | Vision Plan Cost             |                        |                         | ş 16,000                | ş <mark>16,00</mark>    | 0                       |                         |
| 25   | Total Cost of Insuran        | nce                    |                         | \$ 251,08               | 6 <sub>\$</sub> 259,9   | 99                      |                         |
| 26   | Employee Insurance           | Contributions          |                         | \$ 38,139               | \$47,35                 | 8                       |                         |
| 27   | Employee Contribu            | tions as % of To       | tal Insurance Cost      | 15                      | <sub>%</sub> 18         | %                       |                         |

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| Employe | er: Ewing Tow  | nship                                       | Employee Organization | FMBA-393 | Page 3 |  |
|---------|--|---|-----------------------|----------|--------|--|
|         | VI: Medical Co   |   |                       |          |        |  |
| 28      | Identify any insurance changes that were included in this CNA.   |   |                       |          |        |  |
|         |  |   |                       |          |        |  |
| 29      | SECTION VII: Certification and Signature  The undersigned certifies that the foregoing figures are true: |   |                       |          |        |  |
|         | Print Name: Position/Title: Signature: Date:   | Joanna Mustafa CFO/Assistant Adr 10/18/2021 | ministrator           |          |        |  |
|         |  |   |                       |          |        |  |

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898 Revised 8/2016