Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the

executed collective negotiations agreement(s) and the included sur bargaining agreement for the term beginning1/1/2014 th	
Employer:	Morris County Board of Chosen Freeholders
County:	Morris
Date:	8/22/2017
Name:	Mary SusanD'Amore

Title:

Labor Relations Specialist

Mullim Imm

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: Mor	ris County Board of Cho	sen Freeholders	County: Morris				
2	Employee Organizatio	n: Morris Council	6A	Number of Employe	es in Unit: 77			
3	Base Year Contract Te	rm: 1/1/12-12/31	/13	New Contract Term:	1/1/14-12/31/17			
	SECTION II: Type of	f Contract Settlem	ent (please check	only one)				
4	Contract set	tled without neutral	assistance					
5	Contract sett	led with assistance o	of mediator					
6		led with assistance o						
7		led with assistance o	-					
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recom	mendations?			
	Yes No	:						
	SECTION III: Salary	Base						
	The salary base is the the parties negotiate			xpired or expiring agr	eement. This is the l	base cost from which		
9	Salary Costs in Base Yo	ear	\$ 4,537,044					
10	Longevity Costs in Bas	se Year	ş 162,033	· · · · · · · · · · · · · · · · · · ·				
11	Total Salary Base		\$ 4,699,077	:	100 = 761			
	SECTION IV: Salary	Increases for Each	Year of New Agr	eement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	1/1/14	1/1/15	1/1/16	1/1/17			
13	Cost of Salary	101,500	103,692	105,932	108,220			
14	Increments (\$) Salary Increase Above				:			
15	Increments (\$) Longevity Increase (\$)							
16	Total \$ Increase	101,500	103,692	105,932	108,220			
17	(sum of lines 13-15) New Salary Base (\$)	4,800,577	4,904,269	5,010,201	5,118,421			
18	Percentage increase	2.16 %	2.2 %			%		
	over prior year	<u></u>		<u></u> 70		~		
	*If contract duration is longer than five years, please add an additional page.							

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

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

	SECTION VI: Medical Costs	Not Available Base Year 1
21	Health Plan Cost	\$
22	Prescription Plan Cost	\$\$
23	Dental Plan Cost	\$ \$
24	Vision Plan Cost	\$ \$
25	Total Cost of Insurance	\$ s
26	Employee Insurance Contributions	s <u> </u> s
27	Employee Contributions as % of Total Insurance Cost	%

Page 2 of 3 (complete all pages)

mploy	er: Morris County	Board of Chosen Freeholders	Employee Organization:	Morris Council 6A	Page 3
Sectio	n VI; Medical Co	sts (continued)			
28	Identify any in	surance changes that were in	cluded in this CNA.		
	SECTION VIII. C	ertification and Signature			
29		d certifies that the foregoi	ng figures are true:		
	Print Name:	Mary Susan D'Amore			
	Position/Title:	Labor Relations Speciali	st		
	Signature:	MUNA JUSA 18/22/17	DAMK		
	Date:	0122111			
	-	lleted and signed form alor acts@perc.state.nj.us	ng with an electronic co	py of the contract and the sig	gned certification
	NJ Public Emplo	oyment Relations Commissi	on		

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016