

## 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 summary is an accurate assessment of the collective bargaining agreement for the term beginning 4/1/2018 thru 3/31/2021.

Employer: Supervising PST - Sheriff's Department

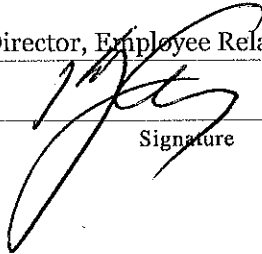
County: Ocean

Date: 3/25/2019

Name: Keith J. Goetting

Print Name

Title: Director, Employee Relations

  
Signature