HAMBURG SCHOOL DISTRICT

30 Linwood Avenue Hamburg, New Jersey 07419 Ph. 973.827.7570 · Fax 973.827.3624 www.HamburgSchool.com

Mr. Roger A. Jinks, Jr. Chief School Administrator

Mr. Anthony Mistretta
Interim Business Administrator/Board Secretary

Mrs. Kimberly Sigman Vice Principal

September 18, 2018

State of New Jersey Public Employment Relations Commission Conciliation and Arbitration P.O. Box 429 Trenton, NJ 08625-0429

RE: Reporting of New HEA Agreement

Dear Sir or Madame,

Attached is a copy of the new contract between Hamburg Borough Board of Education and the Hamburg Education Association for July 1, 2018 to June 30, 2021.

If you need any further information, please feel free to contact me at (973) 827-5417, EXT 217.

Respectfully,

Anthony Mistretta

Interim Business Administrator/Board Secretary

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ARTICLE XXV

DURATION OF AGREEMENT

A. DURATION PERIOD

This Agreement shall be effective as of July 1, 2018 and shall continue in effect through June 30, 2021.

B. STATUS OF INCORPORATION

In witness whereof the ASSOCIATION and the BOARD has caused this Agreement to be signed by its President, attested by its Secretary and its corporate seals placed hereon.

HAMBURG EDUCATION ASSOCIATION

By: Michelle & Clark	Sect'y.	7/31/2018
HAMBURG BOARD OF EDUCATION		
By: Roh Ja	Pres.	7/21/2018
By: Julia Matuth	Sect'y.	8/8/18
CORPORATE SEAL	ıS :	•

By: Michelu Sealander Pres. 7/31/2018

Certification

I declare to the best of my knowledge and beli	ief that the atta	ched docu	ıment(s) are tru	e electronic	copies of the	
executed collective negotiations agreement(s)	and the includ	ed summa	ry is an accurat	e assessmen	it of the collectiv	76
bargaining agreement for the term beginning	7/1/2018	thru	6/30/2021			

Employer: Hamburg Board of Education

County: Sussex

Date: 9/19/2018

Name: Anthony J. Mistretta

Print Name

Title: Interim Business Administrator/Board Secretary

New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

	SECTION I: Parties	and Term of Contr	acts				
1	Public Employer: Hai	mburg Board of Ed	lucation	County: Sussex			Comment to constitute of the c
2	Employee Organizatio	n: Hamburg Board	of Education	Number of Employee	s in Unit: 36		Page N
3	Base Year Contract Te	rm: 7/1/2015-6/3		New Contract Term:	7/1/2018-6/30/2021		1
	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 of	of mediator				
6		led with assistance (
7		led with assistance o	•		an dations?		
8	If contract was settled	in fact-finding, did	the fact-finder issue	a report with recomn	nendations?		
***************************************	Yes No						
	SECTION III: Salary	Base					
	The salary base is the the parties negotiate		•	xpired or expiring agre	eement. This is the I	base cost fror	n which
	, -	•	2,451,536				
9	Salary Costs in Base Ye	ear					
10	Longevity Costs in Bas	se Year	\$ 25,500				
11	Total Salary Base		ş 2,477,036				124
	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)	07/01/2018	07/01/2019	07/01/2020	and and you confirmed in the Part of the combination of the combinatio		
13		15,974	74,026	76,247			
14	Salary Increase Above Increments (\$)	0					
15	Longevity Increase (\$)	2,300	2,000	2,300			
16	Total \$ Increase (sum of lines 13-15)	18,274	76,026	78,547			
17	New Salary Base (\$)	2,495,310	2,571,336	2,649,883			
18	Percentage increase over prior year	3 %	3 %	3 %	%		<u></u> %
	*If contract duration i	is longer than five ye	ars, please add an a	dditional 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 (\$)
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	\$ 682,274	\$ <mark>877,352</mark>
22	Prescription Plan Cost	\$ N/A	ş N/A
23	Dental Plan Cost	\$ 38,988	\$ 39,982
24	Vision Plan Cost	\$ N/A	\$ N/A
25	Total Cost of Insurance	\$ 721,262	ş 917,334
26	Employee Insurance Contributions	\$ 178,246	\$ 184,244
27	Employee Contributions as % of Total Insurance Cost	25	_% 20

Page 2 of 3 (complete all pages)

Employe	r: Hamburg Bo	pard of Education	Employee Organization:	Hamburg Board of Education	Page 3
Section '	VI: Medical Co	sts (continued)			
28	Identify any in	surance changes that were in	ncluded in this CNA.		
		Certification and Signature			
29	The undersigne	ed certifies that the foregoi	ing figures are true:		
1	Print Name:	Anthony J. Mistretta			
1	Position/Title:	Interim Business Admini	istrator/Board Secretary		
!	Signature:	Lettery Mus			
1	Date:	8/15/2018			
					-161 -1
		oleted and signed form ald acts@perc.state.nj.us	ong with an electronic co	opy of the contract and the signed cer	tification
	NI Public Emple	oyment Relations Commiss	sion		
	Conciliation and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016