

**New Jersey Public Employment Relations Commission**  
**POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer:	<input type="text"/>	County:	<input type="text"/>
2	Employee Organization:	<input type="text"/>	Number of Employees in Unit:	<input type="text"/>
3	Base Year Contract Term:	<input type="text"/>		
4	New Contract Term:	<input type="text"/>		

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**SECTION II: Type of Contract Settlement (please check only one)**

5	<input type="checkbox"/>	Contract settled without neutral assistance
6	<input type="checkbox"/>	Contract settled with assistance of mediator
7	<input type="checkbox"/>	Contract settled with assistance of fact-finder
8	<input type="checkbox"/>	Contract settled in Interest Arbitration
9	If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**SECTION III: Base Salary Calculation**

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10	Salary Costs in base year	\$ <input type="text"/>
11	Longevity Costs in base year	\$ <input type="text"/>
12	Other base year salary costs	
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	Sum of "Other" Costs Listed in Line 12.	\$ <input type="text"/>
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ <input type="text"/>

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Employer:

Employee Organization:

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**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**

**14** Total Base Salary Cost from Line 13: \$

Increases		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
<b>15</b>	Effective Date (month/day/year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>16</b>	Cost of Salary Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>17</b>	Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>18</b>	Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>19</b>	Total Increased Cost for "Other" Items (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>20</b>	Total Increase (\$) (sum of lines 16-19)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION V: Average Increase Over Term of New CNA**

- 21** Dollar Increase Over Life of Contract \$  [Take sum of all amounts listed on Line 20 above]
- 22** Percentage Increase Over Life of Contract % [Divide amount on Line 21 by amount on Line 14]
- 23** Average Percentage Increase Per Year % [Divide percentage on Line 22 by number of years of the contract]

Employer: Employee Organization: 

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**SECTION VI: Other Economic Items Outside Base Salary and Increases**

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	Totals (\$):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION VII: Medical Costs****Insurance Costs**

		Base Year	Year 1
26	Health Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
27	Prescription Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
28	Dental Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
29	Vision Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
30	Total Cost of Insurance	\$ <input type="text"/>	\$ <input type="text"/>

Employer:

Employee Organization:

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**SECTION VII: Medical Costs (continued)**

31 Employee Insurance Contributions \$  \$   
32 Contributions as % of Total Insurance Cost  %  %

33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name:   
Position/Title:   
Signature:   
Date:

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Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

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