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: _____ County: _____

2 Employee Organization: _____ Number of Employees in Unit: _____

3 Base Year Contract Term: _____ New Contract Term: _____

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

4 ☐ Contract settled without neutral assistance

5 ☐ Contract settled with assistance of mediator

6 ☐ Contract settled with assistance of fact-finder

7 ☐ Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?

Yes ☐ No ☐

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year **$**_____

10 Longevity Costs in Base Year **$**_____

11 Total Salary Base **$**_____

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)					
13	Cost of Salary Increments ($)					
14	Salary Increase Above Increments ($)					
15	Longevity Increase ($)					
16	Total $ Increase (sum of lines 13-15)					
17	New Salary Base ($)					
18	Percentage increase over prior year	%	%	%	%	%

**If contract duration is longer than five years, please add an additional 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	$	$
22	Prescription Plan Cost	$	$
23	Dental Plan Cost	$	$
24	Vision Plan Cost	$	$
25	Total Cost of Insurance	$	$
26	Employee Insurance Contributions	$	$
27	Employee Contributions as % of Total Insurance Cost	%	%

Section VI: Medical Costs (continued)

28	**Identify any insurance changes that were included in this CNA.**

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: _____

Position/Title: _____

Signature: _____

Date: _____

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

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NJ Public Employment Relations Commission
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