First Name	Last Name	Date of Increase	Salary
Janet	Castro	05/14/2024	$249,288.26
Janet	Castro	07/07/2023	$249,088.32
Janet	Castro	01/01/2023	$239,088.20
Janet	Castro	07/01/2022	$234,400.14
Janet	Castro	01/01/2022	$224,400.02
Janet	Castro	12/01/2021	$220,000.30
Janet	Castro	07/01/2021	$205,000.12
Janet	Castro	07/01/2021	$195,000.00

TOWNSHIP OF NORTH BERGEN
EMPLOYEE PERSONNEL CHANGE FORM

TO: Payroll Department – Alex Herrera, Paola Perez, Jacqueline Melendres, Karen Pianese
Health Benefits - Stephanie Idrovo
Administration – Janet Castro,Bob Pittfield, Elsie Vargas, Nancy Guevara, Mayor's Office

EMPLOYEE NAME	Janet Castro
EMPLOYEE DEPARTMENT	Public Affairs
EMPLOYEE DIVISION	Administrator's Office

NEW HIRE	Start Date:____/____/____Salary:_____□ Annual □ Hourly Title: _____ Title Code: _____ □ Provisional □ Classified □ Unclassified □ Seasonal until____/____/____ □ Full-time □ Part-time ____hours per week Eligible for Health Benefits coverage: □ Yes □ No *NOTE: Per Ord #378-18, employees must work over 30hrs/wk to be eligible for benefits.
TITLE AND/OR DEPARTMENT CHANGE	From: _____ Title Code: _____ To: _____ Title Code: _____ Effective date____/____/____ □ Provisional □ Classified □ Unclassified Salary :_____
SALARY CHANGE	Change Amt: $ 200.00 □ Annually □ Hourly From: $ 249,088.32 to $ 249,288.32 effective 05 / 14 / 2024 Reason: LONGEVITY
CHANGE IN HOURS WORKED	From_____# of hours to_____# of hours as of____/____/____ Eligible for health benefits coverage: □ Yes □ No
LEAVE OF ABSENCE	CHECK ONE: □ New Leave □ Extension of leave □ Return from leave Type of Leave: _____ Effective date:____/____/____
RETIREMENT	Final Date of Employment:____/____/____ Service time as of 7/1/2011:_____years and_____months (NOTE: Per Ord #318-16, employees hired after 1/1/17 will not be eligible for health benefits upon retirement.) Eligible for retiree health benefits coverage □ Yes □ No
DECEASED	Date:
RESIGNATION	Final Date of Employment:
TERMINATION	Final Date of Employment:

Nicholas J. Sacco — N J Sacco — 5/31/24

Print Name - Commissioner/Designee | Signature | Date

Reported to: □ CAMPS □ Pension □ Health Benefits

_____ _____ ___/___/___

By: Print Name | Signature | Date

COMPLETED FORM MUST BE PLACED IN EMPLOYEE'S PERSONNEL FILE

Revised 1/2023

TOWNSHIP OF NORTH BERGEN
EMPLOYEE PERSONNEL CHANGE FORM

TO: Payroll Department – Alex Herrera, Paola Perez, Karen Pianese
Health Benefits - Rita Giacomelli, Stephanie Idrovo
Administration – Janet Castro, Bob Pittfield, Elsie Vargas

EMPLOYEE NAME	JANET CASTRO
EMPLOYEE DEPARTMENT	PUBLIC AFFAIRS
EMPLOYEE DIVISION	ADMINISTRATOR'S OFFICE

NEW HIRE	Start Date:____/____/____Salary:_____☐Annual☐Hourly Title:_____Title Code: _____ ☐Provisional☐ Classified ☐ Unclassified☐Seasonal until____/____/____ ☐Full-time☐ Part-time ____hours per week Eligible for Health Benefits coverage: ☐Yes ☐No *NOTE: Per Ord #378-18, employees must work over 30hrs/wk to be eligible for benefits.
TITLE AND/OR DEPARTMENT CHANGE	From:_____Title Code: _____ To: _____Title Code: _____ Effective date____/____/____ □ Provisional □ Classified □ Unclassified Salary :_____
SALARY CHANGE	Change Amt: $ 10,000 □ Annually □ Hourly From: $ 239,088.20 to $ 249,088.20 effective 07 /01 /2023 Reason: CONTRACTUAL INCREASE
CHANGE IN HOURS WORKED	From_____# of hours to_____# of hours as of____/____/____ Eligible for health benefits coverage: □ Yes □ No
LEAVE OF ABSENCE	CHECK ONE: □ New Leave □ Extension of leave □ Return from leave Type of Leave: _____ Effective date:____/____/____
RETIREMENT	Final Date of Employment:____/____/____ Service time as of 7/1/2011:_____years and_____months (NOTE: Per Ord #318-16, employees hired after 1/1/17 will not be eligible for health benefits upon retiremt.) Eligible for retiree health benefits coverage □ Yes □ No
DECEASED	Date:
RESIGNATION	Final Date of Employment:
TERMINATION	Final Date of Employment:

Nicholas J. Sacco
Print Name - Commissioner/Designee

Signature

2/2/23
Date

Reported to: □ CAMPS □ Pension □ Health Benefits

By: Print Name

Signature

__/__/__
Date

COMPLETED FORM MUST BE PLACED IN EMPLOYEE'S PERSONNEL FILE

Revised 1/2023

TOWNSHIP OF NORTH BERGEN
EMPLOYEE PERSONNEL CHANGE FORM

TO: Payroll Department – Carmen Carrazco, Jennifer Jimenez
Health Benefits - Rita Giacomelli, Stephanie Idrovo
Administration – Janet Castro, Bob Pittfield, Elsie Vargas, Nicole Avella

EMPLOYEE NAME	Janet Castro
EMPLOYEE DEPARTMENT	Public Affairs
EMPLOYEE DIVISION	Administration

NEW HIRE	Start Date:____/____/____Salary:_____□ Annual □ Hourly Title: _____ Title Code: _____ □ Provisional □ Classified □ Unclassified □ Seasonal until____/____/____ □ Full-time □ Part-time ____hours per week Eligible for Health Benefits coverage: □ Yes □ No *NOTE: Per Ord #378-18, employees must work over 30hrs/wk to be eligible for benefits.
TITLE AND/OR DEPARTMENT CHANGE	From: _____ Title Code: _____ To: _____ Title Code: _____ Effective date____/____/____ □ Provisional □ Classified □ Unclassified
SALARY CHANGE	Change Amt: $ 10,000.00 ■ Annually □ Hourly From: $ 224,400.02 to $ 234,400.02 effective 07 / 01 / 22 Reason: Increase as per contract
CHANGE IN HOURS WORKED	From_____# of hours to_____# of hours as of____/____/____ Eligible for health benefits coverage: □ Yes □ No
LEAVE OF ABSENCE	CHECK ONE: □ New Leave □ Extension of leave □ Return from leave Type of Leave: _____ Effective date:____/____/____
RETIREMENT	Final Date of Employment:____/____/____ Service time as of 7/1/2011:_____years and_____months (NOTE: Per Ord #318-16, employees hired after 1/1/17 will not be eligible for health benefits upon retirement.) Eligible for retiree health benefits coverage □ Yes □ No
DECEASED	Date:
RESIGNATION	Final Date of Employment:
TERMINATION	Final Date of Employment:

Nicholas J. Sacco — 7/7/22
Print Name - Commissioner/Designee — Signature — Date

Reported to: □ CAMPS □ Pension □ Health Benefits

_____ _____ ____/____/____
By: Print Name — Signature — Date

COMPLETED FORM MUST BE PLACED IN EMPLOYEE'S PERSONNEL FILE

Revised 3/2022

TOWNSHIP OF NORTH BERGEN
EMPLOYEE PERSONNEL CHANGE FORM

TO: Payroll Department – Nancy Guevara, Natalia Quintero
Health Benefits - Rita Giacomelli, Stephanie Idrovo
Administration/HR – Janet Castro, Bob Pittfield, Elsie Vargas, Nicole Avella

EMPLOYEE NAME	Janet Castro
EMPLOYEE DEPARTMENT	Public Affairs
EMPLOYEE DIVISION	Administrator's Office

NEW HIRE	Start Date:____/____/____Salary:_____□ Annual □ Hourly Title: _____ Title Code: _____ □ Provisional □ Classified □ Unclassified □ Seasonal until____/____/____ □ Full-time □ Part-time ____hours per week Eligible for Health Benefits coverage: □ Yes □ No *NOTE: Per Ord #378-18, employees must work over 30hrs/wk to be eligible for benefits.
TITLE AND/OR DEPARTMENT CHANGE	From: _____ Title Code: _____ To: _____ Title Code: _____ Effective date____/____/____ □ Provisional □ Classified □ Unclassified
SALARY CHANGE	Change Amt: $ 15,000 ■ Annually □ Hourly From: $ 205,000.12 to $ 220,000.12 effective 12 / 01 / 2021 Reason: Assuming Licensed Health Officer Duties
CHANGE IN HOURS WORKED	From_____# of hours to_____# of hours as of____/____/____ Eligible for health benefits coverage: □ Yes □ No
LEAVE OF ABSENCE	CHECK ONE: □ New Leave □ Extension of leave □ Return from leave Type of Leave: _____ Effective date:____/____/____
RETIREMENT	Final Date of Employment:____/____/____ Service time as of 7/1/2011:_____years and_____months (NOTE: Per Ord #318-16, employees hired after 1/1/17 will not be eligible for health benefits upon retirement.) Eligible for retiree health benefits coverage □ Yes □ No
DECEASED	Date:
RESIGNATION	Final Date of Employment:
TERMINATION	Final Date of Employment:

Nicholas J. Sacco _____ _____ 1/26/22
Print Name - Commissioner/Designee Signature Date

Reported to: □ CAMPS □ Pension □ Health Benefits

_____ _____ ___/___/___
By: Print Name Signature Date

COMPLETED FORM MUST BE PLACED IN EMPLOYEE'S PERSONNEL FILE

Revised 7/2021

TOWNSHIP OF NORTH BERGEN
EMPLOYEE PERSONNEL CHANGE FORM

TO: Payroll Department – Nancy Guevara, Natalia Quintero
Health Benefits - Rita Giacomelli, Stephanie Idrovo
Administration/HR – Janet Castro, Bob Pittfield, Elsie Vargas, Nicole Avella

EMPLOYEE NAME	Janet Castro
EMPLOYEE DEPARTMENT	Public Affairs
EMPLOYEE DIVISION	Administration

NEW HIRE	Start Date:____/____/____Salary:_____ □ Annual □ Hourly Title: _____ Title Code: _____ □ Provisional □ Classified □ Unclassified □ Seasonal until____/____/____ □ Full-time □ Part-time ____hours per week Eligible for Health Benefits coverage: □ Yes □ No *NOTE: Per Ord #378-18, employees must work over 30hrs/wk to be eligible for benefits.
TITLE AND/OR DEPARTMENT CHANGE	From: Director of Health and Welfare, Health Dept Title Code: 06558 To: Municipal Administrator, Administration Title Code: 02519 Effective date 07 / 01 / 21 □ Provisional □ Classified □ Unclassified
SALARY CHANGE	Change Amt: $45,498.54 ■ Annually □ Hourly From: $149,501.46 to $195,000.00 effective 07 / 01 / 21 Reason: Promotion (Note: Shared services compensation removed)
CHANGE IN HOURS WORKED	From_____# of hours to_____# of hours as of____/____/____ Eligible for health benefits coverage: □ Yes □ No
LEAVE OF ABSENCE	CHECK ONE: □ New Leave □ Extension of leave □ Return from leave Type of Leave: _____ Effective date:____/____/____
RETIREMENT	Final Date of Employment:____/____/____ Service time as of 7/1/2011:_____years and_____months (NOTE: Per Ord #318-16, employees hired after 1/1/17 will not be eligible for health benefits upon retirement.) Eligible for retiree health benefits coverage □ Yes ■ No
DECEASED	Date:
RESIGNATION	Final Date of Employment:
TERMINATION	Final Date of Employment:

Nicholas J. Sacco — Print Name - Commissioner/Designee
N J Sacco — Signature
7/1/21 — Date

Reported to: □ CAMPS □ Pension ■ Health Benefits

_____ — By: Print Name
_____ — Signature
____/____/____ — Date

COMPLETED FORM MUST BE PLACED IN EMPLOYEE'S PERSONNEL FILE

Revised 7/2020

Pay Summary: **2021 - 33 - 1**

This summary is a record of a payment issued and not an image of the actual pay statement.

TWP OF N BERGEN
4233 Kennedy Boulevard
North Bergen, NJ 07047

Janet Castro
[redacted]
North Bergen, NJ 07047

Period Beginning Date	Pay Date	Co.	Clock	Home Dept
8/6/2021	8/19/2021	HY9		000111

Period Ending Date	WGPS Advance Pay Date	File #	Number	Worked In Dept
8/19/2021		997043	00330030	000461

Gross Pay		$ 14,375.14
SICK/VACATION (field 3)		$ 14,375.14
Basis of Pay: SALARY		
Taxes		$ 3,200.73
Federal Income Tax		$ 2,358.34
Medicare		$ 207.64
State Worked In: New Jersey	Code: NJ	$ 634.75
Deductions		$ 0.00
Take Home		$ 11,174.41
Checking / DD		$ 11,174.41

Pay Summary: **2022 - 50 - 1**

This summary is a record of a payment issued and not an image of the actual pay statement.

TWP OF N BERGEN
4233 Kennedy Boulevard
North Bergen, NJ 07047

Janet Castro
[redacted]
North Bergen, NJ 07047

Period Beginning Date	Pay Date	Co.	Clock	Home Dept
12/9/2022	12/22/2022	HY9		000111

Period Ending Date	WGPS Advance Pay Date	File #	Number	Worked In Dept
12/22/2022		997043	00127236	000461

Gross Pay		$ 22,538.48
Vacation (field 4)		$ 22,538.48
Basis of Pay: SALARY		
Taxes		$ 5,997.48
Federal Income Tax		$ 4,261.64
Medicare		$ 326.81
Medicare Surtax		$ 202.84
State Worked In: New Jersey	Code: NJ	$ 1,206.19
Deductions		$ 0.00
Take Home		$ 16,541.00

Pay Summary: **2023 - 35 - 1**

This summary is a record of a payment issued and not an image of the actual pay statement.

TWP OF N BERGEN
4233 Kennedy Boulevard
North Bergen, NJ 07047

Period Beginning Date	Pay Date	Co.	Clock	Home Dept
8/4/2023	8/31/2023	HY9		000111

Janet Castro
[redacted]
North Bergen, NJ 07047

Period Ending Date	WGPS Advance Pay Date	File #	Number	Worked In Dept
8/17/2023		997043	00061274	000461

Gross Pay	$ 23,950.75
Vacation (field 4)	$ 23,950.75
Basis of Pay: SALARY	
Taxes	$ 6,212.90
Federal Income Tax	$ 4,487.79
Medicare	$ 347.28
Medicare Surtax	$ 72.78
State Worked In: New Jersey Code: NJ	$ 1,305.05
Deductions	$ 0.00
Take Home	$ 17,737.85

Pay Summary: **2023 - 51 - 1**

This summary is a record of a payment issued and not an image of the actual pay statement.

TWP OF N BERGEN
4233 Kennedy Boulevard
North Bergen, NJ 07047

Janet Castro
[redacted]
North Bergen, NJ 07047

Period Beginning Date	Pay Date	Co.	Clock	Home Dept
12/8/2023	12/21/2023	HY9		000111

Period Ending Date	WGPS Advance Pay Date	File #	Number	Worked In Dept
12/21/2023		997043	00510054	000461

Gross Pay	**$ 11,975.40**
SICK/VACATION (field 3)	$ 11,975.40
Basis of Pay: SALARY	
Taxes	**$ 2,479.73**
Federal Income Tax	$ 1,722.51
Medicare	$ 173.64
Medicare Surtax	$ 107.78
State Worked In: New Jersey Code: NJ	$ 475.80
Deductions	**$ 0.00**
Take Home	**$ 9,495.67**
Checking / DD	$ 9,495.67

EMPLOYMENT AGREEMENT
FOR PERIOD
JULY 1, 2021 TO JUNE 30, 2025

THIS AGREEMENT made and entered into as of the 1st day of July, 2021 and between the Township of North Bergen, New Jersey ("Township") and Janet Castro ("Employee") for the purpose of reaching a mutual understanding, promote harmonious relations, effect good and efficient service, and both parties agree to be bound by all terms and conditions of this agreement.

WITNESSETH:

WHEREAS, Employee desires to be employed by Township and Township desires to obtain the services of Employee pursuant to and in accordance with the provisions of this Agreement.

NO, THEREFORE, in consideration of the premises and of the mutual covenants hereinafter set forth, the parties hereby agree as follows:

1. Employment and Duties of Employee

   Subject to the terms and conditions hereinafter set forth, Township hereby employs Employee as its Township Administrator and Employee accepts such employment and agrees to devote his full business time and attention, skill, energy and best efforts to the performance of his duties hereunder and to the promotion of the business and interest of the Township. Employee agrees that due to the nature of the responsibilities of said position, the hours are flexible but a minimum of 35 hours is required per week. Consequently, any other employment that is undertaken is not in conflict with this contract so long as it does not prohibit said employee from the 35 hours per week due to the Township. Employee agrees that his duties hereunder shall be the duties of the Township's Chief Administrative Officer and in addition, he agrees to comply with such direction and instructions as the Commissioner of the Department of Public Affairs may reasonably give or impose.

2. Term

   The Administrator shall be appointed by majority vote of the governing body for the term July 1, 2021 through June 30, 2025.

3. Compensation

   Employee's base salary shall be at the rate of $195,000 a year and Employee shall receive the following annual increases during the term inclusive of annual cost of living adjustments afforded to all other non-union employees:

7/1/22	$200,000
7/1/23	$205,000
7/1/24	$210,000

4. Benefit Plan

a. Employee shall be entitled to the same benefits given all non-union employees of the Township, which benefits currently include Blue Cross/Blue Shield Health Coverage, a Prescription Plan, a Dental Plan and Eye Care Plan.

b. Employee shall be entitled to all paid holidays given to other non-union Township Employees.

c. Employees shall be entitled for five (5) weeks vacation per year. Employee may accumulate and be paid for only the current and previous years vacation upon separation. However, where the Commissioner of Public Affairs agrees that employee may not take time as required due to work constraints, he may authorize Employee to carry forward such time or to be compensated prior to June 30th of the year following accumulation. A pay out of said accumulated vacation days, or a portion thereof, may be paid prior to June 30, 2022 or some other arrangement, as may be agreed by the parties.

d. Employee shall be enrolled in the New Jersey Public Employee Retirement System.

e. Employee shall be entitled to the same number of paid sick days and sick leave policy days as enjoyed by all other Township employees.

f. Employee shall also have the benefit of the policy concerning accumulation of unused sick days which applies to all other non-union Township employees.

g. Employee will be permitted reasonable time to attend seminars and conferences and shall be entitled to reimbursement of expenses for this professional development.

h. Employee will be allowed full use of a Township owned vehicle or leased vehicle. Effective July 1, 2021, in the event the Township and/or the Administrator opt to not assign or use a Township owned or leased vehicle, the Township Administrator will be entitled to a $400 per month car allowance covering any and all expenses related to the use of the personal vehicle (gas, maintenance, insurance, etc.).

5. Termination of Employment

Employee shall be at the will of the employer but if employer terminates employment prior to the full term hereof, employee shall be entitled to six (6) months severance pay. In the event, however, that employment shall terminate due to death or such disability or resignation of the employee as would prevent him from substantially performing his duties hereunder, then employee or his estate shall be entitled only to any unpaid salary that shall have accrued through the last day of the month through which termination shall have occurred together with any accrued vacation or unused sick time in accordance with this contract.

6. Confidential Information

Employee acknowledges an obligation of confidence to the Township and shall not, at any time during or subsequent to his employment by the Township, disclose or use (other than as may be authorized in writing by the Township or as necessary in the performance of duties under this Agreement) any secret, private or confidential information or other proprietary knowledge obtained or acquired by him at anytime while employed by the Township. Upon termination or other cessation of his employment, Employee shall deliver to the Township all property, equipment, records and copies of the Township which are then in his possession.

7. Severability

This Agreement shall be governed by the laws of the State of New Jersey and the invalidity of any portion of this Agreement shall not affect the enforceability of the portion of this Agreement or any part hereof, all of which are inserted conditionally on their being valid in law, and in the event that any portion or portions contained herein shall be invalid, this instrument shall be constructed as if such invalid portion or portions has not been inserted.

8. Waiver

Failure to insist upon strict compliance with any of the terms, covenants, or conditions hereof shall not be deemed a waiver of such terms, covenants, or conditions, nor shall any waiver or relinquishment of such right or power at any other time or times. A waiver of any terms, covenants or conditions hereof shall be effective only if it is set forth in writing, specifics or otherwise, and is signed by the waiving party.

9. Benefits

Except as otherwise herein expressly provided, this Agreement shall insure to the benefit of and be binding upon the Township, and Employee, his heirs, executors, administrators and legal representatives, provided that the employment obligations of Employee hereunder shall not be delegated.

10. Entire Agreement

This Agreement contains the entire agreement between the parties hereto, and the same shall not be modified or altered except by another written agreement executed by both parties hereto.

IN WITNESS WHEREOF the parties hereto have herein set their hands and seals the day and the year first above written.

THE TOWNSHIP OF NORTH BERGEN

BY: _____
Mayor Nicholas J. Sacco

BY: _____
Janet Castro