



**STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
PO Box 429
TRENTON, NEW JERSEY 08625-0429**

**For Courier Delivery
495 West State St.
Trenton, NJ 08618**

NOTICE OF IMPASSE

www.state.nj.us/perc

Phone: 609-292-9898

INSTRUCTIONS: Please type or print clearly. File an original and 4 copies of this notice with the Commission. If more space is required for any item, attach additional sheets, numbering items accordingly. If filing by facsimile transmission, the multiple copies requirement is waived. See <i>N.J.A.C. 19:10-2.3</i> .	<u>DO NOT WRITE IN THIS SPACE</u> DOCKET NO. DATE FILED:
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As of the date of this notice the public employer and the certified or recognized employee organization have failed to achieve an agreement through direct negotiations and an impasse exists concerning the terms and conditions of employment of the employees in the negotiating unit. It is requested that a mediator be assigned in accordance with the New Jersey Employer-Employee Relations Act, as amended, and the Commission's Rules and Regulations.

1. PUBLIC EMPLOYER

Full Name:		County:	
Name, Title and Address of Employer Representative to Contact:		Name and Address of Attorney/Consultant Representing Public Employer (if any):	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

2. EXCLUSIVE REPRESENTATIVE

Full Name:		County:	
Name, Title and Address of Representative to Contact:		Name and Address of Attorney/Consultant Representing Exclusive Representative (if any):	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:

Included:

Excluded:

Approximate number of employees in the unit:

4. DATES AND DURATION OF NEGOTIATIONS SESSIONS:

5. Termination date of the current agreement, if any (month, day and year). (If none, so state) _____

6. Public Employer's required budget submission date: _____

7. SET FORTH IN DETAIL THE FACTS GIVING RISE TO THE REQUEST:

(Attach additional sheets, if necessary)

a. List principal items in dispute:

b. Provide additional information which may be helpful *(including all other issues in dispute)*:

8. CERTIFICATION *(If request is joint, the signature of a representative of each party is required).*

I (we) declare that I (we) have read the above request and that the information is true to the best of my (our) knowledge and belief.

Requesting Party and Affiliation, If Any

Requesting Party and Affiliation, If Any

By _____
(Signature of Representative) (Title)

By _____
(Signature of Representative) (Title)

Date _____

Date _____