



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

**REQUEST FOR APPOINTMENT FROM THE
 SPECIAL DISCIPLINARY ARBITRATION PANEL**

Phone: 609-292-9898

www.state.nj.us/perc

INSTRUCTIONS: Please type or print clearly. If more space is required for any item, attach additional sheets, numbering items accordingly. Additional instructions are on the second page of this form. File an original and 4 copies of this form with the Director of Arbitration. If filing by e-mail or fax, multiple copies need not be filed.	<u>DO NOT WRITE IN THIS SPACE</u> DOCKET NO. DATE FILED:
1. PUBLIC EMPLOYEE Check one: <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Firefighter	
Full Name: _____	
Name, Title and Address of Public Employee:	Name and Address of Attorney or Authorized Representative of the Public Employee (if any):
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-Mail: _____	E-Mail: _____
2. 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: _____
3. DATE EMPLOYEE WAS PERSONALLY SERVED WITH A NOTICE OF TERMINATION:	
I declare that I have read the above request and that the information is true to the best of my knowledge and belief.	
By _____ <div style="text-align: center;">Signature of Employee</div>	
By _____ (Signature of Authorized Representative) (Title)	
Date _____	

**INSTRUCTIONS FOR FILING
A REQUEST FOR APPOINTMENT FROM THE
SPECIAL DISCIPLINARY ARBITRATION PANEL**

1. This form is used to request the appointment of an arbitrator from the Commission's Special Disciplinary Arbitration Panel in cases involving the termination of non-Civil Service law enforcement officers and firefighters where the basis for termination does not involve an alleged violation of criminal law.
2. This appeal to binding arbitration is an alternative to review through the Superior Court pursuant to N.J.S.A. 40A:14-22 or N.J.S.A. 40A:14-150.
3. This form must be filed within 20 days after the employee has been personally served with a notice of termination. N.J.A.C. 19:12-6.3(b)
4. Please type or print all requested information.
5. The employee or the authorized representative should sign the form and submit an original and four copies to:

For Regular Mail: Director of Arbitration and Conciliation
 Public Employment Relations Commission
 PO Box 429
 Trenton, New Jersey 08625-0429

For Courier Delivery: Director of Arbitration and Conciliation
 Public Employment Relations Commission
 495 West State Street
 Trenton, New Jersey 08618

This form may also be filed by e-mail attachment to mail@perc.state.nj.us so long as the signature page is scanned and submitted as part of the filing, or by fax to 609-777-0089. When filing by e-mail or fax, multiple copies need not be filed. N.J.A.C. 19:10-2.3.

6. Upon receipt of this request, the Director shall forthwith submit a copy to the employing agency or department or its authorized representative and simultaneously submit to each party the names of the members of the Special Disciplinary Panel. N.J.A.C. 19:12-6.5.
7. The parties shall have ten days from their receipt of the list to notify the Director in writing of the name of an arbitrator that they have mutually selected to hear the appeal. If the parties do not notify the Director within ten days of a mutual request, the Director shall select the arbitrator for assignment by lot. N.J.A.C. 19:12-6.5