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 SUBMISSION OF A PANEL OF ARBITRATORS

Phone: 609-292-9898

www.state.nj.us/perc

INSTRUCTIONS: Type or print clearly. File an original and 4 copies of this request with the Commission, together with a copy of the arbitration provisions of the parties' agreement. 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 N.J.A.C.* 19:10-2.3

DO NOT WRITE IN THIS SPACE

DOCKET NO.

DATE FILED:

As of the date of this request the public employer and the certified or recognized employee organization have failed to achieve an agreement concerning the grievance noted herein. It is requested that an arbitrator be appointed in accordance with 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:

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. IS THIS A JOINT REQUEST? ☐ Yes ☐ No

4. STATEMENT IDENTIFYING GRIEVANCE(S) TO BE ARBITRATED:

5. CERTIFICATION

(A copy of the arbitration provisions of the parties' agreement must accompany this request. N.J.A.C. 19:12-5.2)

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 _____	**By** _____
(Signature of Representative) (Title)	**(Signature of Representative) (Title)**
Date _____	**Date** _____