



**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 THE APPOINTMENT OF
A SUPER CONCILIATOR**

Phone: 609-292-9898

www.state.nj.us/perc

Fax: 609-777-0089

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 <i>N.J.A.C. 19:10-2.3</i>	<u>DO NOT WRITE IN THIS SPACE</u> DOCKET NO.
DATE FILED:	
As of the date of this request the public employer and the majority representative have failed to reach a voluntary negotiated agreement within 20 days of the issuance of a fact-finder's report. It is requested that a super conciliator be appointed in accordance with the New Jersey Employer-Employee Relations Act, N.J.S.A. 34:13A-34, and the Commission's Rules.	
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:
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:
E-Mail:	E-Mail:
3. NAME OF FACT-FINDER:	
8. IS THIS A JOINT REQUEST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. CERTIFICATION (If this is a joint request, it must be signed by representatives of both parties)	
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 _____