



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 REGARDING
ACCESS TO EMPLOYEES

www.state.nj.us/perc

Phone: 609.292.9898 Fax: 609.777.0089 Email: Mail@perc.state.nj.us

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. Pursuant to <u>N.J.A.C. 19:10-2.3</u> , this form may alternatively be filed by email or fax.		<u>DO NOT WRITE IN THIS SPACE</u>	
		DOCKET NO.	
		DATE FILED:	
Pursuant to <u>N.J.S.A. 34:13A-5.3(a)</u> through (f) and <u>N.J.A.C. 19:12-7.3</u> , the Director of Conciliation will appoint an arbitrator if he or she determines after investigation that thirty(30) calendar days have passed since commencement of negotiations, the parties have been unable to reach agreement through direct negotiation, and that an impasse exists in negotiations concerning the access to and communications with negotiations unit members.			
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:		Phone:	
Fax:		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:		Phone:	
Fax:		Fax:	
E-Mail:		E-Mail:	
3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:			Approximate number of employees in the unit:
Included:			
Excluded:			
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 <u>IN DETAIL</u> THE FACTS GIVING RISE TO THE REQUEST: <i>(Attach additional sheets, if necessary)</i>			
8. CERTIFICATION <i>(If this request is joint, the signature of a representative of each party is required).</i>			
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 _____	