



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

Courier Delivery:
495 West State St. Trenton,
NJ 08618

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

**NOTICE OF INTENT TO
COMMENCE NEGOTIATIONS**

INSTRUCTIONS: Pursuant to N.J.A.C. 19:12-2.1, the party initiating negotiations shall file a copy of this notice with the Commission. If more space is required for any item, attach additional sheets, numbering items accordingly. Pursuant to N.J.A.C. 19:10-2.3, this form may alternatively be filed by email or fax.

DO NOT WRITE IN THIS SPACE
DOCKET NO.

DATE FILED:

Pursuant to N.J.A.C. 19:12-2.1(a), parties to a collective negotiations agreement shall commence negotiations for a successor agreement, or in a case of an agreed reopener provision, shall commence negotiations pursuant to such reopener provision no later than 120 days prior to the public employer's required budget submission date. As of the date of this Notice, the undersigned is seeking to initiate negotiations pursuant to N.J.A.C. 19:12-2.1(a), hereby notifies the Public Employment Relations Commission, in accordance with N.J.A.C. 19:12-2.1(b), that it has notified the other party in writing of its intention to commence negotiations no later than 15 days prior to the commencement date of negotiations required by this section or any alternative commencement date agreed to by the parties. The filing of this Notice on the other party with simultaneous filing to the Commission shall satisfy its notification requirements.

1. PUBLIC EMPLOYER

Full Name:		Name and Title of Representative to Contact:	County:
Address of Employer (Street and Number, City, State and Zip Code):		Email Address:	Telephone No.
Attorney/Consultant Representing Public Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):		Telephone No.

2. EXCLUSIVE REPRESENTATIVE

Full Name:		Name and Title of Representative to Contact:
Address of Exclusive Representative (Street and Number, City, State and Zip Code):		Telephone No.
Attorney/Consultant Representing Exclusive Representative (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	

3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:

Included:	Approximate number of employees in the unit:
Excluded:	

4. This notification has been filed on behalf of:

Employee Representative _____ Public Employer _____

5. Termination date of the current agreement or effective date of terms subject to reopener provision (month, day and year). (If none, so state) _____

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

7. CERTIFICATION

I declare that I have read the above Notice of Intent to Commence Negotiations and that the information is true to the best of my knowledge and belief.

Party Seeking to Initiate Negotiations

Signature and Title of Representative

Date