



**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

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. Pursuant to <u>N.J.A.C. 19:16-3.1</u> , 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 N.J.S.A. 34:13A-6 and N.J.A.C. 19:12-3.1, the Director of Conciliation will appoint a mediator if he or she determines after investigation that mediation is not being resorted to prematurely, that the parties have been unable to reach agreement through direct negotiation, and that an impasse exists in negotiations concerning the terms and conditions of the employment of the affected employees.

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: _____		County: _____	
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. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT: Included: Excluded:	Approximate number of employees in the unit: _____
--	--

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 IN DETAIL THE FACTS GIVING RISE TO THE REQUEST: *(Attach additional sheets, if necessary)*

a. List principal items in dispute:

b. Provide additional information which may be helpful *(including all other issues in dispute)*:

8. CERTIFICATION *(If this request is joint, the signature of a representative of each party is required).*

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 _____