



**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**

**NOTIFICATION OF INTENTION TO COMMENCE
NEGOTIATIONS**

INSTRUCTIONS: File a copy of this notice with the Commission. If more space is required for any item, attach additional sheets, numbering items accordingly.	DO NOT WRITE IN THIS SPACE
	DOCKET NO.
	DATE FILED:

In accordance with *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 below-named party, 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 the notification requirements of the Commission's Rules and Regulations.

1. PUBLIC EMPLOYER

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

3. DESCRIPTION OF THE COLLECTIVE NEGOTIATIONS UNIT:

Included: Excluded:	Approximate number of employees in the unit:
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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: _____
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7. CERTIFICATION

I declare that I have read the above notice and that the information is true to the best of my knowledge and belief.

Filing Party Seeking to Initiate Negotiations

Signature and Title of Representative

Date