



**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 INVOCATION OF FACTFINDING WITH RECOMMENDATIONS FOR SETTLEMENT

Phone: 609-292-9898

www.state.nj.us/perc

<p>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. If filing by facsimile transmission, the multiple copies requirement is waived. See <i>N.J.A.C. 19:10-2.3</i>.</p>	<p><u>DO NOT WRITE IN THIS SPACE</u></p> <p>DOCKET NO.</p> <hr/> <p>DATE FILED:</p>
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As of the date of this request the public employer and the certified or recognized employee organization have failed to achieve an agreement concerning the terms and conditions of employment of the employees in the negotiations unit through direct negotiations and the impasse has not been resolved by mediation. It is requested that a factfinder be appointed in accordance with the New Jersey Employer-Employee Relations Act, as amended, 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:	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:	Phone:	Fax:
E-Mail:		E-Mail:	

3. NAME OF MEDIATOR: *(If none appointed, so state)*

4. NUMBER AND DURATION OF MEDIATION SESSIONS:

5. DATE OF LAST MEDIATION EFFORT:

6. UNRESOLVED ISSUES TO BE SUBMITTED TO FACTFINDER:

(Attach additional sheets, if necessary)

7. REMARKS:

(Attach additional sheets, if necessary)

8. IS THIS A JOINT REQUEST? Yes No

9. CERTIFICATION

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 _____