

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

UNFAIR PRACTICE CHARGE

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

File an original and 9 copies of this charge with the Director of Unfair Practices,	DO NOT WRITE IN THIS SPACE	
Public Employment Relations Commission, together with proof of the simultaneous service of a copy of the charge on the respondent(s).	DOCKET NO.	
See Instructions on back.	DATE FILED:	
1. CHARGING PARTY		
Full Name:	County:	
Address of Charging Party (Street and Number, City, State and Zip Code):		
Name and Title of Representative to Contact	Telephone No.	
Attorney/Consultant Representing Charging Party (if any):	Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):		
2. RESPONDENT(S) (Public employer and/or employee organization against whom charge	e is made)	
Full Name:	County:	
Address of Respondent(s) (Street and Number, City, State and Zip Code):		
Name and Title of Representative to Contact:	Telephone No.	
Attorney/Consultant Representing Respondent(s) (if any):	Telephone No.	
Attorney/Consultant Address (Street and Number, City, State and Zip Code):		
3. STATEMENT OF CHARGE (See instructions on back)		
Pursuant to the New Jersey Employer-Employee Relations Act, as amended, the charging party hereby alleges t engaged or is (are) engaging in an unfair practice within the meaning of <u>N.J.S.A</u> . 34:13A-5.4(a), subsection(s) 34:13A-5.4(b), subsection(s) , in that:	hat the above-named respondent(s) has (have) and/or <u>N.J.S.A</u> . (List subsections)	
(List subsections)		

(Indicate whether additional sheets are attached)

4. REMEDY SOUGHT (Stat	e the remedy you	request the Comm	nission to order,
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				(Indicate	·	
5. CHECK ALL PETITIONS AND/OR CHARGES FILED RECENTLY OR SIMULTANEOUSLY WITH THIS CHARGE. (Indicate date(s) filed and docket number(s) assigned, if available)						
	Petition to Initiate Compulsory Inter	est Arbitration	0	Request for Submission of Par	nel of Arbitrators	
9	Docket No Da	te Filed:	9	Docket No	Date Filed:	
•	Notice of Impasse		0	Scope of Negotiations Petition	1	
9	Docket No Da	te Filed:	9	Docket No	Date Filed:	
	Representation Petition		-	Petition for Issue Definition De	etermination	
9	Docket No Da	te Filed:	9	Docket No	Date Filed:	
	Petition for Contested Transfer Det	ermination	~	Other Unfair Practice Charge(s)	
9	Docket No Da	te Filed:	9	Docket No	Date Filed:	
	Related Filings At Other Administra	tive Agencies		Other (explain)		
9	Docket No Da	te Filed:	9			
6.	CERTIFICATION					
Signa	ture		Title		Date	
Signa	ture	INSTRUCTIONS F	OR FI		Date	
Signa	ture Type or clearly print all inform	INSTRUCTIONS F UNFAIR PRACT	OR FI		Date	
		INSTRUCTIONS F UNFAIR PRACT ation.	OR FI		Date	
1.	Type or clearly print all inform Fill in all sections of the charg	INSTRUCTIONS F UNFAIR PRACT ation.	FOR FII	IARGE		
1. 2.	Type or clearly print all inform Fill in all sections of the charg	INSTRUCTIONS F UNFAIR PRACT ation. ge.	FOR FII	IARGE		
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1. 2. 3. 4. 5.	Type or clearly print all inform Fill in all sections of the charg Under "Statement of Charge" Be sure to: a. list t b. spec nam Attach additional sheets if nece State specifically the remedy y Indicate all related petitions an Sign the Certification above.	INSTRUCTIONS F UNFAIR PRACT ation. ge. provide a clear and concise state the subsections of the Act alleged cify the <u>time</u> and <u>place</u> the allege <u>es</u> of the persons alleged to hav essary. ou are asking the Commission to	FOR FII ICE CH ement d to ha d acts ve com	HARGE of the facts constituting the ve been violated. occurred and the imitted such acts.	alleged unfair practice. cket No. and Date Filed.	