



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

**PETITION FOR CONTESTED TRANSFER
 DETERMINATION**

INSTRUCTIONS: Complete Sections 1 through 7. Please type or clearly print. File an original and 9 copies of this petition with the Public Employment Relations Commission, together with proof of the service of a copy of the petition on the employer listed in Section 3 below.	<u>DO NOT WRITE IN THIS SPACE</u> DOCKET NO. DATE FILED:
---	---

1. PETITIONER

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

2. AFFECTED EMPLOYEE IF PETITIONER IS AN EMPLOYEE ORGANIZATION

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

3. PUBLIC EMPLOYER

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

4. DETAILS OF THE TRANSFER *(Include date of receipt of notice of transfer and employee's work sites before and after transfer)*

--

5. STATEMENT OF SPECIFIC FACTUAL ALLEGATIONS SUPPORTING CONTENTION THAT BASIS FOR TRANSFER BETWEEN WORK SITES IS PREDOMINATELY DISCIPLINARY *(Attach all documents and affidavits supporting the petition's factual allegations)*

--

(Continued on back)

5. STATEMENT OF SPECIFIC FACTUAL ALLEGATIONS *(continued)*

(Attach additional sheets if necessary)

6. INDICATE ALL OTHER ACTIONS BEFORE THE COMMISSION OR ANY OTHER ADMINISTRATIVE AGENCY, ARBITRATOR OR COURT, WHICH INVOLVE THE SAME OR SIMILAR ISSUES

<input type="checkbox"/>	Petition to Initiate Compulsory Interest Arbitration Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Request for Submission of Panel of Arbitrators Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Notice of Impasse Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Representation Petition Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Unfair Practice Charge Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Petition for Issue Definition Determination Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Scope of Negotiations Petition Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other Contested Transfer Petitions Docket No. _____ Date Filed: _____
<input type="checkbox"/>	Related Filings at Other Administrative Agencies Docket No. _____ Date Filed: _____	<input type="checkbox"/>	Other (explain)

7. CERTIFICATION

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature _____

Title _____

Date _____