



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

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

Phone: 609.292.9898  
Fax: 609.777.0089  
Email: Mail@perc.state.nj.us

**NOTICE OF INTENT TO  
SUBCONTRACT**

**INSTRUCTIONS:** Pursuant to N.J.A.C. 19:12-8.1 and N.J.S.A. 34:13A-46, the school district that is seeking to subcontract must file this form not less than 90 days before the employer requests bids or solicits contractual proposals for the subcontracting agreement. Pursuant to N.J.A.C. 19:10-2.3, this form may alternatively be filed by email.

**DO NOT WRITE IN THIS SPACE**  
**DOCKET NO.**

**DATE FILED:**

Pursuant to N.J.S.A. 34:13A-46, the employer named below intends to enter into a subcontracting agreement affecting the terms and conditions of employment of the unit members identified herein represented by the majority representative identified below. N.J.S.A. 34:13A-46 requires an employer to notify the majority representative of its intention to subcontract unit work. The filing of this notice on the majority representative with simultaneous filing to the Commission shall satisfy the notification requirements.

**1. PUBLIC EMPLOYER**

Full Name:		Name and Title of Representative to Contact:	County:
Address of Employer (Street and Number, City, State and Zip Code):		Email Address:	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 IMPACTED BY SUBCONTRACTING**

Full Name:		Name and Title of Representative to Contact:
Address of Exclusive Representative (Street and Number, City, State and Zip Code):		Email Address: 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:	Approximate number of employees in the unit:
Titles Impacted by Subcontracting:	Approximate number of employees impacted:

**4. Date employer intends to request bids or solicit contracts:**

<b>5. Termination date of the parties current agreement:</b> <i>(If none, so state)</i> _____	<b>6. Date(s) employer met with or will meet with majority representative to negotiate?</b> _____
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**7. Provide a brief explanation of the employer's subcontracting decision and any additional information required:**

**8. CERTIFICATION**

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

\_\_\_\_\_  
**Party Seeking to Subcontract**

\_\_\_\_\_  
**Signature and Title of Representative**

\_\_\_\_\_  
**Date**