

NOTICE OF DESIRE TO NEGOTIATE

(File a separate notice for each appropriate unit)

Pursuant to Minnesota Statutes 179A.14, you are hereby notified of the undersigned's desire to meet and negotiate an initial or subsequent agreement establishing terms and conditions of employment.

Name of Exclusive Representative: _____ Zip: _____
Name of Representative: _____
Address: _____ City: _____ State: _____
Zip: _____ Telephone: _____

Name of Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of Representative: _____
Address: _____ City: _____ State: _____
Zip: _____ Telephone: _____

Type of Governmental Agency Involved: _____ State _____ County _____ Municipality
_____ University of Minnesota _____ School District _____ Special Board or Commission

Type of Bargaining Unit: (Check one most appropriate)

- | | |
|--|---------------------------------------|
| <u>Education</u> | <u>Law Enforcement/Essential</u> |
| _____ K-12 Teachers | _____ Law Enforcement – Essential |
| _____ AVTI/Other Teachers | _____ Law Enforcement – Non-Essential |
| _____ Teachers' Aides | _____ Fire Fighters/Fire Protection |
| _____ Support Staff, General | _____ Correction Guards |
| _____ Clerical/Office | _____ Professional Engineering |
| _____ Bus Drivers | _____ Supervisory |
| _____ Dietary/Maintenance | _____ Confidential |
| _____ Principals/Assistant Principals | |
| _____ Higher Education-Instructional | <u>Other Public Sector</u> |
| _____ Higher Education-Non-Instructional | _____ Social Services/Welfare |
| | _____ Courthouse/City Hall |
| <u>Health Care</u> | _____ Highway/Public Works/Parks |
| _____ RN's | _____ Public Utility |
| _____ LPN's | _____ Maintenance/Trades |
| _____ Support Staff, General | _____ Clerical/Office |
| _____ Clerical/Office | _____ Technical |
| _____ Technical | _____ Professional |
| _____ Dietary | _____ General Service/Support |
| _____ Maintenance | _____ Wall-to-Wall |
| _____ Professional | _____ Library |
| | _____ Liquor Store |
| <u>Other: (Describe)</u> | _____ General Unit |
| _____ | |

Number of employees in unit: _____ Status of employees: _____ Essential _____ Other than essential
Date current contract expires: _____ Check is this is a first contract: _____
Date of Notice: _____ Date sent to other party and commissioner: _____
Notice initiated by: _____ Exclusive Representative _____ Employer

Distribution:

- 1-Commissioner, State Bureau of Mediation Services
1380 Energy Lane, Suite 2, St. Paul, MN 55108
- 1-Other party to collective bargaining agreement
- 1-File

Authorized /s/

Title

When properly executed and served upon the commissioner and the other party, this notice satisfies the requirements of Minn. Stat. 179A.14. Failure to provide timely notice may result in financial penalty.