The Notice has been successfully submitted. Forward this e-mail to the other party(s). Do not reply to this e-mail. If you have questions, please contact the Bureau at 651-649-5421.

## **REMINDERS:**

- 1) THE NOTICE HAS BEEN SUBMITTED ONLINE, DO **NOT** MAIL, FAX OR E-MAIL THE ORIGINAL.
- 2) PURSUANT TO MINNESOTA STATUTES 179.06 OR 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.
- 3) WHEN PROPERLY EXECUTED AND SERVED UPON THE COMMISSIONER AND THE OTHER PARTY, THIS NOTICE SATISFIES THE REQUIREMENTS OF MINN. STAT. 179.06 OR 179A.14. FAILURE TO PROVIDE TIMELY NOTICE MAY RESULT IN FINANCIAL PENALTY.

The following is a copy of the data submitted for your records:

## IS THE EMPLOYER A PUBLIC OR PRIVATE ORGANIZATION? Public

NAME OF EMPLOYER: SW Metro Educational Cooperative EMPLOYER ADDRESS: 792 Canterbury Road S, Suite 211 CITY: Shakopee STATE: MN ZIP: 55379

NAME OF CHIEF NEGOTIATOR/CONTACT: Darren Kermes, Executive Director Check if the following information is the same as above: Yes CHF NEG/CONTACT ADDRESS:

CITY: STATE: MN ZIP: DAYTIME PHONE: 952.567.8102 EXT.:

**CELL PHONE:** 

E-MAIL ADDRESS: dkermes@swmetro.k12.mn.us

NAME OF EXCLUSIVE REP: Minnesota School Employees Association-MSEA

**EXCLUSIVE REP ADDRESS:** Angie Lien

CITY: 190 E 5th Street. Suite 750 STATE: MN ZIP: 55101

NAME OF CHIEF NEGOTIATOR/CONTACT: Angie Lien Check if the following information is the same as above: Yes

CHF NEG/CONTACT ADDRESS: CITY: STATE: MN ZIP:

**DAYTIME PHONE:** 651,261,6535 **EXT.:** 

**CELL PHONE:** 

E-MAIL ADDRESS: angie@msea-mn.com

TYPE OF EMPLOYER: School District

TYPE OF BARGAINING UNIT: Teachers Aides/Paraprofessionals/Assistants

STATUS OF EMPLOYEES INVOLVED: ESSENTIAL? No

**NUMBER OF EMPLOYEES IN UNIT: 82** 

## **EXPIRATION DATE OF CURRENT CONTRACT: 6.30.15**

## FIRST CONTRACT? No NOTICE INITIATED BY: Exclusive Representative

**DATE OF NOTICE:** 2.24.15 **DATE NOTICE COPY SENT TO OTHER PARTY ABOVE:** 2.24.15

NAME OF PERSON FILING THIS NOTICE: Angie Lien
TITLE OF PERSON FILING THIS NOTICE: MSEA Field Representative
E-MAIL ADDRESS OF PERSON FILING THIS NOTICE: angie@msea-mn.com