DECLARATION OF IMPASSE

INSTRUCTIONS: Complete in full, retain one copy and distribute in the following manner: A) File an original and one (1) copy with the Director of Conciliation, PERB, PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, ALBANY, NEW YORK 12220-0074. B) Simultaneously serve one (1) copy upon the respondent.

Date: ________________________  

PUBLIC EMPLOYER

Name of Public Employer.................................. ____________________________________________________________

NAME, TITLE, ADDRESS, EMAIL, TELEPHONE _____________________________________________________________

AND FAX NUMBERS of the Representative to whom PERB should direct correspondence _____________________________

(Email) ____________________________________ (Telephone) _______ / ________ - ________

(Fax) ________ / ________ - ________

EMPLOYEE ORGANIZATION

Name of Employee Organization........................ _______________________________________________________________________

NAME, TITLE, ADDRESS, EMAIL, TELEPHONE _____________________________________________________________

AND FAX NUMBERS of the Representative to whom PERB should direct correspondence _____________________________

(Email) ____________________________________ (Telephone) _______ / ________ - ________

(Fax) ________ / ________ - ________

IDENTIFYING PARTY DECLARING IMPASSE

Public Employer _____ Employee Organization _____ Joint Declaration _____

DESCRIPTION OF UNIT

A - Number of employees in the unit: ________________________

B - Included titles: _______________________________________

C - Excluded titles: _____________________________________

D - Employer’s fiscal year: ________________________ to __________ (Mo./Day/Yr.)

Effective date and expiration date of present agreement: ________________________ to __________ (Mo./Day/Yr.)

F - Date of recognition or certification of negotiating agent: ________________________

IMPORTANT DETAILS OF DECLARATION IMPORTANT

ON A SEPARATE SHEET OF PAPER which should be attached hereto, write a clear and concise history of negotiations leading to this Declaration of Impasse. Include the number and dates of the negotiating sessions and specifically list all presently unresolved issues.

Pursuant to Article 14 of the Civil Service Law, as amended (Public Employees’ Fair Employment Act), the undersigned hereby declare(s) that a state of impasse exists between the above noted public employer and employee organization within the meaning of Section 209 of said Act.

Signature of Representative Declaring Impasse __________________________________________ Title __________ Date __________

If joint declaration, both representatives must sign:

Signature of Representative Declaring Impasse __________________________________________ Title __________ Date __________