NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074

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 BLD 2, FL 18-20, AlBANY, NY 12220-0074. B) Simultaneously serve one (1) copy upon the respondent.

Date: _____

PUBLIC EMPLOYER

Name of Public Employer....._____

NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBERS of the Representative to whom PERB should direct correspondence _____

_____

(Telephone) ____ /___-_____ **(FAX)** ____ /___-_____

EMPLOYEE ORGANIZATION

Name of Employee Organization....._____

NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBERS of the Representative to whom PERB should direct correspondence _____

_____

(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.) **(Mo./Day/Yr.)**

E - Effective date and expiration date of present agreement: _____ **to** _____
(Mo./Day/Yr.) **(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**

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074

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 BLD 2, FL 18-20, AlBANY, NY 12220-0074. B) Simultaneously serve one (1) copy upon the respondent.

Date: _____

PUBLIC EMPLOYER

Name of Public Employer.....

NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBERS of the Representative to whom PERB should direct correspondence

(Telephone) (FAX)

EMPLOYEE ORGANIZATION

Name of Employee Organization.....

NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBERS of the Representative to whom PERB should direct correspondence

(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: _____ (Mo./Day/Yr.) to _____ (Mo./Day/Yr.)

E - Effective date and expiration date of present agreement: _____ (Mo./Day/Yr.) 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

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074

VOLUNTARY GRIEVANCE ARBITRATION RULES OF PROCEDURE

DEMAND FOR ARBITRATION

INSTRUCTIONS: Complete in full, retain one copy and distribute in the following manner: A) **SERVE** one copy upon respondent in the same manner as a summons or by registered or certified mail; return receipt requested. B) File an original and one (1) copy with the Director of Conciliation, NYS PERB, PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074, along with the **$50.00** filing fee in the form of a check or money order made payable to the **STATE OF NEW YORK**.

DATE: _____

PUBLIC EMPLOYER

Name of Public Employer . . . . . _____

Name, Title, Address, Telephone and Fax Number of the Representative to whom PERB should direct correspondence.

_____

_____

_____

EMPLOYEE ORGANIZATION

Name of Employee Organization . . . . . _____

Name, Title, Address, Telephone and Fax Number of the Representative to whom PERB should direct correspondence.

_____

_____

_____

IDENTIFY PETITIONER:

PUBLIC EMPLOYER ☐ **EMPLOYEE ORGANIZATION** ☐

(ATTACH ADDITIONAL SHEETS WHERE NECESSARY)

1. Effective date and expiration date of the agreement:

2 Identify the provision(s) in the agreement providing for arbitration and attach a copy thereof:

3. Identify the provision(s) in the agreement claimed to be violated and attach a copy thereof:

4. Write a clear and concise description of the nature of the dispute(s) to be arbitrated and the remedy(ies) sought (include the name(s) of the grievant(s)):

_____

THE UNDERSIGNED, A PARTY TO THE WRITTEN AGREEMENT WHICH PROVIDES FOR ARBITRATION AS IDENTIFIED ABOVE, HEREBY DEMANDS ARBITRATION. YOU ARE HEREBY NOTIFIED THAT COPIES OF THIS DEMAND FOR ARBITRATION ARE BEING FILED WITH THE DIRECTOR OF CONCILIATION, NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD, PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074 WITH THE REQUEST THAT HE COMMENCE THE ADMINISTRATION OF THE VOLUNTARY GRIEVANCE ARBITRATION RULES OF PROCEDURE.

AS STATED IN CPLR SECTION 7503(c): "UNLESS THE PARTY SERVED APPLIES TO STAY THE ARBITRATION WITHIN TWENTY DAYS AFTER SUCH SERVICE HE SHALL THEREAFTER BE PRECLUDED FROM OBJECTING THAT A VALID AGREEMENT WAS NOT MADE OR HAS NOT BEEN COMPLIED WITH AND FROM ASSERTING IN COURT THE BAR OF A LIMITATION OF TIME."

Date and proof of service on respondent _____

_____	_____	_____
Signature	**Title**	**Date**

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY
12220-0074

VOLUNTARY GRIEVANCE ARBITRATION RULES OF PROCEDURE

SUBMISSION TO ARBITRATE

INSTRUCTIONS: Complete in full, retain one copy each and forward an original and one (1) copy to the Director of Conciliation, NYS PERB, PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, Albany, NY 12220-0074, along with the $50.00 per party filing fee in the form of a check or money order made payable to the State of New York.

DATE: _____

PUBLIC EMPLOYER

Name of Public Employer . . . . . _____

Name, Title, Address and Telephone Number of the Representative to whom PERB should direct correspondence. _____

_____

_____

_____

EMPLOYEE ORGANIZATION

Name of Employee Organization . . . . _____

Name, Title, Address and Telephone Number of the Representative to whom PERB should direct correspondence. _____

_____

_____

_____

(ATTACH ADDITIONAL SHEETS WHERE NECESSARY)

1. Identify the provision(s) in the agreement claimed to be violated and attach a copy thereof:

2. Write a clear and concise description of the nature of the dispute(s) to be arbitrated and the remedy(ies) sought (include the name(s) of the grievant(s)):

_____

THE PARTIES NAMED HEREIN, HEREBY JOINTLY REQUEST BINDING ARBITRATION OF THE DISPUTE DESCRIBED HEREIN UNDER THE VOLUNTARY ARBITRATION RULES OF PROCEDURE OF THE NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD.

Signature of Public Employer Representative	Title	Date
Signature of Employee Organization Representative	Title	Date

PRELIMINARY GUIDELINES REGARDING STAFF GRIEVANCE MED/ARB PILOT PROJECT FOR LOCAL GOVERNMENTS AND SCHOOL DISTRICTS

A. **GENERALLY**

1) Staff med/arb services are available to parties located anywhere in New York State. Staff members may be permitted to travel to any location where med/arb services are offered, but parties are encouraged to meet at PERB's Albany, Buffalo or Brooklyn regional offices.

2) Staff med/arb services may be provided by any member of the full-time PERB professional staff who has undergone relevant med/arb training as determined by the Director of Conciliation.

3) A fee of $50.00 per party will be charged for administrative costs.

B. **MECHANICS**

1) The parties will complete and submit to the Director of Conciliation a "Joint Request for Staff Grievance Med/Arb" form, available through the Office of Conciliation, which contains statements that:

(i) arbitrability is not contested by the parties;

(ii) both parties desire staff med/arb as a means of providing a final and binding resolution of the grievance; and

(iii) are otherwise generally analogous to those currently required for a submission to arbitrate under Section 207.4(c) of PERB's Voluntary Grievance Arbitration Rules.

2) The Director of Conciliation will have discretion to determine whether or not to accept a submission for processing. The Director will notify the parties within five (5) working days after receipt of a fully executed submission as to whether the case is to be accepted and, if so, the name of the staff person appointed as mediator/arbitrator.

3) The Director may reject a joint submission if the grievance arises during or is directly related to an ongoing impasse or dispute in which PERB's Conciliation Office either has, or reasonably foresees itself having, a role.

4) The Director will not ordinarily entertain joint requests for any particular staff member. Staff members will be assigned at the Director's discretion, primarily based upon work load and availability.

5) The Director may substitute another staff member at any stage of the med/arb process should work of higher priority dictate removal of the staff member initially assigned.

6) The Director's decisions regarding the above matters are strictly ministerial in nature and will not be subject to review by the Board.

C. **PROCESS**

1) Both the mediation and arbitration stages should occur, if possible, on the same day. The mediator/arbitrator assigned may schedule a second day, and, at his/her discretion, may continue med/arb activity on that day. In such event, the entire process must be completed on the second day.

2) The mediator/arbitrator assigned will have sole discretion regarding when to move from the mediation to the arbitration mode.

3) The arbitration hearing should conform with normal arbitration practice. However, the mediator/arbitrator will not be empowered to issue subpoenas to compel the attendance of witnesses or the production of documents. Further, there will be no stenographic record of hearing testimony.

4) Should it be necessary to issue an arbitration award, it will be in the form of an immediate bench decision rendered on a short form order. On request of either party, however, or if the mediator/ arbitrator deems it necessary, an expedited, written decision and award will be issued not later than ten (10) working days after the close of the hearing.

5) The parties may not appeal the mediator/arbitrator's award to the Board.

6) Judicial review of the mediator/arbitrator's award will be available only under CPLR Article 75. CPLR Article 78 review of administrative orders will not be applicable to review of the mediator/arbitrator's award.

D. **JURISDICTION**

1) Staff med/arb will not be applicable to cases in which the grievance is otherwise subject to PERB's own improper practice jurisdiction, although "deferral" cases may be entertained.

2) Staff med/arb will not be applicable when the subject matter of the grievance lies directly within another agency's jurisdiction, e.g., race or sex discrimination complaints.

3) Staff med/arb will not be applicable to union security disputes.

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074

JOINT REQUEST FOR STAFF GRIEVANCE MED/ARB

INSTRUCTIONS: Complete in full, retain one copy each and forward the original and one (1) copy to the Director of Conciliation, NYS PERB, PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074. To be processed, the joint request must be accompanied by a check from each party in the amount of fifty dollars ($50.00), made out to"STATE OF NEW YORK".

FOR OFFICE USE ONLY

Case No. _____ Date of Filing: _____

Accepted: ☐ Declined: ☐

Date of A/D: _____ Assigned: _____

DATE: _____

PUBLIC EMPLOYER

Name of Public Employer . . . . . _____

Name, title, address and telephone and FAX number of the representative to whom PERB should direct correspondence. _____

_____

_____

EMPLOYEE ORGANIZATION

Name of Employee Organization . . _____

Name, title, address and telephone and FAX number of the representative to whom PERB should direct correspondence. _____

_____

_____

(ATTACH ADDITIONAL SHEETS WHERE NECESSARY)

1. IDENTIFY DATES ON WHICH BOTH PARTIES ARE AVAILABLE FOR MED/ARB SESSIONS:

2. IDENTIFY THE PROVISION(S) IN THE AGREEMENT CLAIMED TO BE VIOLATED AND ATTACH A COPY THEREOF:

3. WRITE A CLEAR AND CONCISE DESCRIPTION OF THE ISSUE(S) IN DISPUTE AND THE REMEDY(IES) SOUGHT [INCLUDE THE NAME(S) OF THE GRIEVANT(S)]:

THE PARTIES NAMED HEREIN, HEREBY JOINTLY REQUEST STAFF MED/ARB TO PROVIDE A FINAL AND BINDING RESOLUTION OF THE DISPUTE DESCRIBED HEREIN. THE PARTIES AGREE THAT THEY HAVE RECEIVED AND READ A COPY OF PERB'S "PRELIMINARY GUIDELINES REGARDING STAFF GRIEVANCE MED/ARB PILOT PROJECT", AND UNDERSTAND THAT THIS MATTER WILL BE CONDUCTED PURSUANT TO THE CONDITIONS AND PROCEDURES SET FORTH IN THOSE GUIDELINES.

THE PARTIES FURTHER STIPULATE AND AGREE THAT:

(a) The person assigned by PERB will serve as both mediator and, if necessary, arbitrator of the issue(s) in dispute

(b) The med-arbitrator will be a full-time member of PERB's professional staff.

(c) The issue(s) in dispute is arbitrable under the terms of the parties' collective agreement.

(d) Should this matter proceed to arbitration, the award issued by the PERB med-arbitrator is final and binding and may not be appealed to PERB or any of its officers, employees, or members.

(e) Judicial review of any award issued by the PERB med-arbitrator may be sought only under CPLR Article 75.

Signature of Public Employer Representative	Title	Date

Signature of Employee Organization Representative	Title	Date

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

PETITION
FOR CERTIFICATION ANDIOR DECERTIFICATION

INSTRUCTIONS: File an original and four (4) copies of this Petition with the Director of Public Employment Practices and Representation, New York State Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering item accordingly. The showing of interest and declaration of authenticity should not be affixed to the Petition.	DO NOT WRITE I N THIS SPACE Case No. C- Date Received:

The Petitioner alleges that the following circumstances exist and requests that the New York State Public Employment Relations Board proceed under its proper authority.

1. Purpose of this petition. (Check only the lines which are appropriate.)

A. ____ **Certification of Negotiating Representative (Employee Organization) -** A substantial number of employees wish to be represented for purposes of collective negotiations by petitioner and petitioner desires to be certified as representative of the employees for purposes of collective negotiations pursuant to Section 207 of the Act.

B. ____ **Representation (Employer) -** One or more employee organizations have presented a claim to petitioner to be recognized as the negotiating representative of employees of Petitioner.

C. ____ **Decertification -** Petitioner asserts that the currently recognized or certified negotiating representative should be deprived of representation status in whole or part. If Petitioner is an Employer, Petitioner asserts that the currently recognized or certified negotiating representative is defunct.

2. Name, address and telephone and fax numbers of Petitioner:

Telephone Number: _____

Fax Number: _____

3. Name, address and telephone and fax numbers of the representative, if any, to whom correspondence is to be directed:

Telephone Number: _____

Fax Number: _____

4. Name, address and telephone and fax numbers of Employer:

Telephone Number: _____

Fax Number: _____

5. Description of negotiating unit claimed to be appropriate (Be complete and specific using job titles; attach a separate sheet if more space is needed):

Included:

Excluded:

6. a. Number of employees in unit: _____

b. Is this petition supported by a showing of interest, enclosed herewith, of 30% or more of the employees in the unit?
____ YES ____ NO

c. Is the declaration of authenticity enclosed? ____ YES ____ NO

7. Request for recognition as negotiating representative was made: _____
(Month, Day, Year)

_____Has not replied (Explain on rider, if necessary)
_____Declined recognition on _____ (Month, Day, Year)

8. Recognized or certified negotiating agent (if there is none, so state):
Name: Affiliation: Telephone Number: _____

Fax Number: _____

Address:

Date of recognition or certification: _____
(Month, Day, Year)

9. a. Employee organizations other than petitioner (and other than any named in Item 8 above) which claim to represent or are known to have an interest in representing any employees in the unit described in Item 5 above (if none, so state):
Name/Address Affiliation

b. Attach a separate sheet setting forth the name(s) and address(es) of the bargaining agent(s) for all other bargaining units of the employer. Include a brief description of each unit.

10. If the above-named employer is a party to a contract dealing with terms and conditions of employment for any of the titles listed in Item 5 above (if there is none, so state):

(a) Name of the other party to the contract: _____

(b) Date of expiration of the contract: _____ (Month, Day, Year)

(c) The negotiating unit specified in the contract: _____

(d) Is a copy of the contract attached? ____ YES ____ NO

11. The employer's fiscal year commenced on: _____(Month, Day, Year)

12. Is this matter subject to Section 206.1 or 212 of the Act? ____ YES ____ NO

13. If you have checked Box 1.A above:

Do you affirm that you and the employee organization you represent or support do not assert the right to strike against any government, to assist or participate in any such strike, or to impose an obligation to conduct, assist, or participate in such a strike _____ YES ____ NO

14. If you have checked Box 1.C above:

(a) State the grounds upon which the certification should be revoked or the recognition annulled:

(b) Has the employee organization currently certified or recognized by the public employer engaged in a strike or caused, instigated, encouraged or condoned a strike against any government? ____ YES ____ NO

15. Include a clear and concise statement of any other relevant facts:

_____

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

_____ _____
(Signature of representative or person filing Petition) (Title, if any)

Dated: _____

SHOWING OF INTEREST PETITION

I am employed by the

_____
(PRINT NAME OF EMPLOYER)

and I sign this showing of interest petition in support of a representation petition to be filed by

_____
(PRINT NAME OF PETITIONER)

with the New York State Public Employment Relations Board to certify the petitioner and/or to decertify the current negotiating agent with respect to the following negotiating unit:

_____

_____

1. FULL NAME (Print): _____
   ADDRESS: _____
   TITLE: _____
   WORK LOCATION: _____
   FULL SIGNATURE: _____ DATE:_____

2. FULL NAME (Print): _____
   ADDRESS: _____
   TITLE: _____
   WORK LOCATION: _____
   FULL SIGNATURE: _____ DATE:_____

3. FULL NAME (Print): _____
   ADDRESS: _____
   TITLE: _____
   WORK LOCATION: _____
   FULL SIGNATURE: _____ DATE:_____

4. FULL NAME (Print): _____
   ADDRESS: _____
   TITLE: _____
   WORK LOCATION: _____
   FULL SIGNATURE: _____ DATE:_____

5. FULL NAME (Print): _____
   ADDRESS: _____
   TITLE: _____
   WORK LOCATION: _____
   FULL SIGNATURE: _____ DATE:_____

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

PETITION
FOR UNIT CLARIFICATION AND/OR UNIT PLACEMENT

INSTRUCTIONS: File an original and four (4) copies of this Petition with the Director of Public Employment Practices and Representation, N.Y.S. Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering according to the petition item.	DO NOT WRITE IN THIS SPACE Case No. CP- Date Received:

The Petitioner alleges that the following circumstances exist and requests that the New York State Public Employment Relations Board proceed under its proper authority.

1. Purpose of this petition. (Check the appropriate line.)

   A. ____ Unit Clarification – a position is encompassed within the scope of an existing unit.

   B. ____ Unit Placement – a position should be placed into an existing unit pursuant to the criteria set forth in Section 207 of the Act.

2. Name of employer: _____
   Address (No. & street, city, zip code) _____
   _____
   Telephone number: ( ) _____County: _____

3. Name of petitioner, if not the employer: _____
   Address (No. & street, city, zip code) _____
   _____
   Telephone number: ( ) _____County: _____

4. Name of representative, if any, to whom correspondence is to be directed:
   _____
   Address (No. & street, city, zip code) _____
   _____
   Telephone number: ( ) _____

5. Identify any currently recognized or certified negotiating agent or any other employee organization(s) which may be affected by this petition.
   Name: _____
   Address: _____
   _____
   Name: _____
   Address: _____
   _____

6. (a) Describe the negotiating unit(s) which may be affected by the petition. Include job titles and classifications, and number of employees in such unit(s).

(b) Attach a copy of the most recent contract for the negotiating unit(s).

7. Set forth a clear and concise statement of the details of and the reasons for the proposed clarification or placement. Include the job title and classification, job description and number of employees in each position which is the subject of the petition.

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

_____
Petitioner

By: _____ _____
Signature of representative filing petition — Title (if any)

( ) _____ Dated: _____
Telephone

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

EMPLOYER APPLICATION
FOR DESIGNATION OF PERSONS AS MANAGERIAL OR CONFIDENTIAL

INSTRUCTIONS: File an original and four (4) copies of this Application with the Director of Public Employment Practices and Representation, New York State Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074 and simultaneously mail notice of the filing of the Application (a) to titles alleged to be managerial or confidential, and (b) to any employee organization which has been recognized or certified to represent any such persons. If more space is required for any item, attach additional sheets, numbering item accordingly. Copies of all relevant job descriptions must be attached.	DO NOT WRITE IN THIS SPACE Case No. E- Date Received:

The Employer alleges that the following circumstances exist and requests that the New York State Public Employment Relations Board proceed under its proper authority.

1. Name of Employer:

   Address of Employer (No. & Street, City & Zip Code, County): Telephone Number:

2. Name of representative, if any, to whom correspondence is to be directed:

   Address of representative (No. & street, City & Zip Code, County): Telephone Number:

3. The Employer requests that the following job titles be designated as

MANAGERIAL	**CONFIDENTIAL**
Job Title and Name of Individual	Job Title and Name of Individual
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

(Use additional sheet(s), if necessary.)

4. (a) If any of the job titles listed in paragraph 3 are within a unit presently represented by a recognized or certified employee organization, set forth the name, address and telephone number of the employee organization(s), and identify which title(s) it represents.

(b) If any of the job titles listed in paragraph 3 are not within a unit, set forth the name, address and title of the person in each such title.

(c) If any employee organization is presently seeking to represent any of the job titles which are listed in paragraph 5, set forth the name, address and telephone number of the employee organization(s) and identify which titles it is seeking to represent.

5. Has the Employer ever filed an Application seeking the designation of any of these job titles as managerial or confidential?

____ YES ____ NO

If Yes, set forth the Case Number(s): _____

6. Has the Employer served notice of the filing of this Application on (a) each of the persons who are within any of the job titles alleged to be managerial or confidential, and (b) on any employee organization which has been recognized or certified to represent any such person?

____ YES ____ NO

7. Set forth a clear and concise factual statement in support of this Application.

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

_____
Employer

By _____ _____
(Signature of attorney or representative filling the Application) (Title)

Date: _____

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

IMPROPER PRACTICE CHARGE

INSTRUCTIONS: File an original and four (4) copies of this Charge with the Director of Public Employment Practices and Representation, New York State Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering item accordingly.	DO NOT WRITE IN THIS SPACE Case No. U- Date Received:

1. CHARGING PARTY

a. Name (If employee organization, give full name, including any affiliation and local name and number):

b. Address (No. & Street, City and Zip Code, County, Email):
Telephone Number:

c. Name and title of the representative filing charge:

d. Name, address, telephone number, and Email of attorney or other representative, if any, to whom correspondence is to be directed:
Telephone Number:

2. PUBLIC EMPLOYER AND/OR EMPLOYEE ORGANIZATION AGAINST WHICH CHARGE IS BROUGHT

a. Name and Address (No. & Street, City and Zip Code, County, Email):

b. Telephone Number:

3. Is the charging party filing a separate application for injunctive relief pursuant to §204.15 of the Board's Rules of Procedure?

__ YES __ NO

4. VIOLATIONS ALLEGED

Pursuant to Article 14 of the Civil Service Law, as amended (Public Employees' Fair Employment Act), the charging party hereby alleges that the above-named respondent(s) has (have) engaged in or is (are) engaging in an improper practice within the meaning of the following subsections of Section 209-a of said Act (check the subsection(s) allegedly violated):

If by a public employer	If by an employee organization
( ) 209-a.1(a)	( ) 209-a.2(a)
( ) 209-a.1(b)	( ) 209-a.2(b)
( ) 209-a.1(c)	( ) 209-a.2(c)*
( ) 209-a.1(d)	
( ) 209-a.1(e)	
( ) 209-a.1(f)	
( ) 209-a.1(g)	

* If the charge alleges a violation of Section 209-a.2(c) of the Act based on an employee organization's processing of or failure to process a claim that a public employer has breached its agreement with such employee organization, identify the public employer:

a. Name and Address (No. & Street, City and Zip Code, County, Email):

b. Telephone Number:

5. Specify in detail the alleged violation(s). Include names, dates, times, places and particular actions constituting each violation. Use additional sheet(s), if necessary. Failure to supply sufficient factual detail may result in a delay in processing or dismissal of the charge.

6. If the charge alleges a violation of Section 209-a.1(d) or 209-a.2(b) of the Act, has the charging party notified the Board in writing of the existence of an impasse pursuant to Section 205.1 of the Board's Rules of Procedure?

___ YES ___ NO

7. The charging party is available immediately to participate in a pre-hearing conference and a formal hearing.

___ YES ___ NO

STATE OF NEW YORK)
COUNTY OF) SS.:

_____, being duly sworn deposes and says, that (s)he is the charging party above named, or its representative, and that (s)he has read the above charge consisting of this and ___ additional page(s), and is familiar with the facts alleged therein, which facts (s)he knows to be true, except as to those matters alleged on information and belief, which matters (s)he believes to be true.

_____
(Signature)

_____
(Title)

Subscribed and sworn to before me
this ____ day of _____

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

PETITION FOR DECLARATORY RULING

INSTRUCTIONS: File an original and four (4) copies of this Petition with the Director of Public Employment Practices and Representation, New York State Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18-20, ALBANY, NY 12220-0074. If more space is required for any item, attach additional sheets, numbering each item accordingly.	DO NOT WRITE IN THIS SPACE Case No. DR- Date Received:

The Petitioner alleges that the following circumstances exist and requests that the New York State Public Employment Relations Board proceed under its proper authority.

1. Purpose of this Petition. (Check the line which is appropriate.)

   A. _____ Applicability - the petition seeks a ruling as to the applicability of the Act.

   B. _____ Scope of Negotiations - the petition seeks a ruling as to the scope of negotiations under the Act.

2. Petitioner

   a. Name (If employee organization, give full name, including affiliation and local name and number):

   b. Address (No. & Street, City, Zip Code, County): Telephone Number:

   c. Name, address and telephone number of the representative, if any, to whom correspondence is to be directed:

3. Identify any person(s), employee organization(s) or employer(s) whose interests are reasonably likely to be affected by this petition.

Name	Address
_____	_____
	_____
	_____
_____	_____
	_____
	_____
_____	_____
	_____
	_____

4. Is the subject matter of the petition the subject matter of any proceeding(s) or impasse currently pending before this Board or any other tribunal? _____ YES _____ NO

If YES: Identify the tribunal, the nature of the proceeding, the date it was commenced, its present status and, if before this Board, its case number.

5. <u>ISSUE</u>

a. Set forth a clear and concise statement of the issue.

b. Set forth a full, clear and concise statement of the relevant facts, the grounds for and the petitioner's interest in obtaining a declaratory ruling, and the interests of the others listed in item "3" above as likely to be affected thereby. (Identify and attach all relevant documents.)

6. (OPTIONAL) Set forth a proposed declaratory ruling.

STATE OF NEW YORK)
COUNTY OF) SS.:

_____, being duly sworn deposes and says, that (s)he is the petitioner above named, or its representative, and that (s)he has read the above petition consisting of this and _____ additional page(s), and is familiar with the facts alleged therein, which facts (s)he knows to be true, except as to those matters alleged on information and belief, which matters (s)he believes to be true.

_____
(Signature)

_____

Subscribed and sworn to before me
this _____ day of _____

Date Received:

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

A-

APPLICATION FOR INJUNCTIVE RELIE F
UNDER CIVIL SERVICE LAW §209-a.4

U-

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS TO APPLICANT

Complete **both** sides of this form. This application for injunctive relief is not an improper practice charge. Your application for injunctive relief must include a copy of the improper practice charge that you have **separately filed** with the Director of Public Employment Practices and Representation under the Board's Rules. File the original and two copies of this form and all attachments with the Office of Counsel, New York State Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FLS 18 - 20, ALBANY, New York, 12220-0074. Please Note: In Item 4 below, you must identify the public employers and/or employee organizations against whom your separately filed charge is brought, as well as any public employer identified in that charge because it alleges a violation of Civil Service Law §209-a.2(c) based on an employee organization's processing of or failure to process a claim that the public employer breached its agreement with that employee organization. If you need more space for any item, use the additional space on the back and number that item the same. Your application must include proof that complete copies have already been **received** by all other parties.

NOTICE TO PUBLIC EMPLOYERS AND EMPLOYEE ORGANIZATIONS IDENTIFIED IN ITEM 4 BELOW

The party named in Item 1 is applying to the Public Employment Relations Board ("Board") for injunctive relief under §209-a.4 of the Public Employees' Fair Employment Act ("Act"), Civil Service Law §§200-214. You have a right to respond to this application as explained in the Board's Rules and Regulations ("Rules"), 4 NYCRR Part 204.16. Your response, if any, must be received by the Board within five days after the day you receive this application or within a shorter time on notice from the Board's Office of Counsel. Any response that you may make to this application is **not** your answer or responsive pleading to the related, separately filed, improper practice charge (copy attached). You may have other rights under the Act, other laws, or the Rules.

1 APPLICANT (CHARGING PARTY IN THE SEPARATELY FILED CHARGE):

NAME (If an employee organization, give the unit, affiliation, and local number, if any):

ADDRESS:

TELEPHONE:

FAX:

2 REPRESENTATIVE FILING ON BEHALF OF APPLICANT (if any):

NAME AND TITLE:

ADDRESS:

TELEPHONE:

FAX:

3 ATTORNEY OR OTHER REPRESENTATIVE TO BE CONTACTED (If different from Item 2):

NAME AND TITLE:

ADDRESS:

TELEPHONE:

FAX:

4 **PUBLIC EMPLOYERS AND/OR EMPLOYEE ORGANIZATION NAMED IN THE SEPARATELY FILED CHARGE:**

NAME, ADDRESS, TELEPHONE AND FAX:

NAME, ADDRESS, TELEPHONE AND FAX:

ADDITIONAL SPACE

5 **GIVE** the date on which the related improper practice charge was separately filed and the case number assigned to it (if available):

DATE FILED:_____ CASE NUMBER: **U-** _____

6 **ATTACH** the following documents:

☐ A copy of the **separately filed** improper practice charge that is related to this application.

☐ An affidavit or affidavits stating in a clear and concise manner: (1) those facts personally known to the deponent that constitute the alleged improper practice, the date of the alleged improper practice, the alleged injury, loss or damage arising from it, and the date when the alleged injury, loss, or damage occurred or will occur; and (2) why the alleged injury, loss, or damage is immediate, irreparable, and will render a resulting judgment on the merits of the improper practice charge ineffectual if injunctive relief is not granted, and why there is a need to maintain or return to the status quo to provide meaningful relief.

☐ Copies of any documentary evidence in support of this application.

☐ Proof of the date on which each public employer and employee organization named as a party to the improper practice charge actually **received** a copy of this application form and the attached documents, including a copy of the separately filed improper practice charge, in an envelope or container bearing the legend "ATTENTION: CHIEF LEGAL OFFICER" in capital letters on its front. Date-stamped return receipts from the post office or affidavits of personal delivery are examples of acceptable proof that all other parties have already received a copy.

7 **SIGN HERE:** The related improper practice charge has been separately filed pursuant to the Board's Rules, and a complete copy of this application, including copies of all of the attachments in support, has already been received by each party named in Item 4.

_____

(Signature of Applicant or Representative Filing Application)

PERB

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

NOTICE AND CHARGE OF EMPLOYEE ORGANIZATION STRIKE IN VIOLATION OF CIVIL SERVICE LAW §210.1

INSTRUCTIONS: File the original and three copies of this charge, with proof of service of a copy on the employee organization named below, with the Public Employment Relations Board, PO BOX 2074,ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074.
If you need more space for any item, attach additional sheets and number the item the same as on this form.

DO NOT WRITE IN THIS SPACE

Case No. D-
Date Received:

TO THE EMPLOYEE ORGANIZATION NAMED BELOW:

PLEASE TAKE NOTICE that, pursuant to Civil Service Law § 210 and Part 206 of the Rules of Procedure of the Public Employment Relations Board (Rules), you are hereby charged with violating Civil Service Law § 210.1, in that you engaged in, caused, instigated, encouraged, or condoned a strike against the public employer named below. You have the right under Rule 206.5 (printed on the back of this form) to file an answer with the Board within 8 days after receiving this charge.

---

1. NAME OF PUBLIC EMPLOYER:

ADDRESS:

---

2. NAME OF CHARGING PARTY:

TITLE: TELEPHONE:

ADDRESS:

---

3. NAME OF EMPLOYEE ORGANIZATION CHARGED:

ADDRESS:

---

4. DESCRIBE THE DETAILS OF THE CHARGE (On the back of this sheet, write a clear and concise statement of the facts that constitute the alleged violation of Civil Service Law § 210.1, including the names of the individuals involved, and the dates, times and places of occurrence of the alleged violation. Attach additional sheets if needed.):

YOU MUST COMPLETE BOTH SIDES OF THIS FORM.

DETAILS OF THE CHARGE

DETAILS OF THE CHARGE

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

Dated: _____

_____
Signature of Charging Party

Rule 206.5 Answer. (a) The employee organization against whom the charge is issued shall file with the board an original and three copies of an answer, with proof of service of a copy of the answer on all other parties, within eight days after receipt of a copy of the charge.

(b) The answer shall be in writing and signed.

(c) The answer shall contain a specific denial of each allegation of the charge contravened by the public employee organization, or of any knowledge or information thereof sufficient to form a belief. An allegation of the charge not specifically denied in the answer, unless the party affirms that it is without knowledge or information thereof sufficient to form a belief, shall be deemed admitted and may be so found by the board. The answer shall also contain a statement of the facts constituting the grounds of defense. Allegation of any matter in the answer shall be deemed denied without necessity of a reply.

(d) If the party against whom the charge is issued fails to file an answer within the time or in compliance with the manner herein provided, such failure shall constitute an admission of the material facts alleged in the charge and an admission that the party violated subdivision (1) of section 210 of the act. Such failure shall also constitute a waiver of any claims which the party must raise by its answer under paragraph (f) of subdivision (3) of section 210 of the act. Upon such failure, a hearing shall be held only for the purpose of fixing the duration of the forfeiture.

2/22/00

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

APPLICATION
FOR APPROVAL OF PROVISIONS AND PROCEDURES PURSUANT TO SECTION 212 OF THE CIVIL SERVICE LAW AND PERB RULE 203.1

INSTRUCTIONS: File the original and four copies of this application, together with two copies of the exhibits described below, with the Office of the Counsel, PO BOX 2074, ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074. If you need more space for any item, attached additional sheets and number the item the same as on this form.	**DO NOT WRITE IN THIS SPACE** **Case No. S-** **Date Received:**

Application is hereby made to the Public Employment Relations Board for a determination that the local law, ordinance, resolution, or bylaw identified below is substantially equivalent to the provisions and procedures set forth in Article 14 of the Civil Service Law with respect to the State.

1. NAME OF LOCAL GOVERNMENT:

   ADDRESS:

---

2. (a) Official designation or number of local enactment submitted:

   (b) Date enacted:

   (c) Is this an amendment of a previous enactment? ☐Yes ☐No

   (d) If an amendment, has the Board found the previous enactment to be substantially equivalent to State Law and Rules? ☐Yes ☐No

   (e) If the answer to (d) is "Yes", has the Board determined that the continuing implementation of the previous enactment was substantially equivalent to State Law and Rules? ☐Yes ☐No

---

3. Names and addresses of any employee organizations that have been certified or recognized to represent any public employees of the applicant. (If none, state "None.")

4. Names and addresses of any other employee organizations that claim to represent any public employees of the applicant. (If none, state "None.")

5. Public notice of intention to file this application was posted at _____, a conspicuous place at suitable offices of the applicant, on the following dates (not less than five working days):

6. The following designated exhibits are attached to and made part of this application:

   (a) Exhibit 1. A copy of the local law, ordinance, resolution, or bylaw adopted or amended by the legislative body of the applicant.

   (b) Exhibit 2. A copy of the public notice of intention to file this application, together with either an affidavit of publication in a newspaper of general circulation in the area of the applicant for at least one day, or a description of the manner and date of such publication.

Dated: _____

_____
Name of person signing for local government

_____
Title

_____
Address

_____

_____
Telephone No.

PERB

STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD

P E T I T I O N

TO REVIEW THE IMPLEMENTATION OF LOCAL GOVERNMENT PROVISIONS AND PROCEDURES PURSUANT TO SECTION 212 OF THE CIVIL SERVICE LAW AND PERB RULE 203.8

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: File the original and three copies of this petition with the Office of the Counsel, Public Employment Relations Board, PO BOX 2074, ESP AGENCY BLD 2, FL 18 - 20, ALBANY, NY 12220-0074. If you need more space for any item, attach additional sheets and number the item the same as on this form.

Case No. I-

Date Received:

The undersigned Petitioner hereby alleges that the continuing implementation of the provisions and procedures of the local government indicated below are not substantially equivalent to the provisions and procedures set forth in Article 14 of the Civil Service Law and the Rules of Procedure of the Public Employment Relations Board.

---

1. NAME OF PETITIONER:

ADDRESS:

---

2. NAME OF PETITIONER'S EMPLOYEE ORGANIZATION, IF ANY:

ADDRESS:

---

3. **NAME OF LOCAL GOVERNMENT**:

ADDRESS:

---

4. The names and addresses of the employee organizations, if any, that are certified or recognized to represent any public employees under the local government provisions and procedures:

YOU MUST COMPLETE BOTH SIDES OF THIS FORM.

_____

5. The names and addresses of other employee organizations, if any, that claim to represent any public employees under the jurisdiction of the local government:

_____

6. Give a clear and concise statement of the facts upon which you allege that the local government provisions and procedures, as implemented, are not substantially equivalent to the provisions and procedures set forth in Article 14 of the Civil Service Law or the Rules of Procedure of the Public Employment Relations Board:

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

Dated_____

_____
Signature of Petitioner

_____
Title, if any

_____
Telephone No.

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4/15