

**JOINT REQUEST FOR CONTRACT MEDIATION ASSISTANCE
(PRIVATE SECTOR)**

INSTRUCTIONS: Complete in full, retain one copy each, and distribute in the following manner: with PERB electronically by emailing the Director of Conciliation at concilfiling1@perb.ny.gov. **This joint request form must be signed below by both the Labor Organization Representative and the Employer Representative before it will be processed.**

Date: _____

EMPLOYER

Name of Employer..... _____

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

(E-mail) _____
(Telephone) _____ (FAX) _____

LABOR ORGANIZATION

Name of Labor Organization..... _____

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

(E-mail) _____
(Telephone) _____ (FAX) _____

DESCRIPTION OF BARGAINING 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 REQUEST FOR MEDIATION IMPORTANT

Attach hereto, a clear and concise history of negotiations leading to this Request for Contract Mediation Assistance. Include the number and dates of the negotiating sessions and specifically list all presently unresolved issues.

Pursuant to Section 702-a of the Labor Law (State Employment Relations Act), the undersigned representatives hereby request that the Public Employment Relations Board provide mediation assistance regarding the labor dispute described above.

Employer Representative Signature

Labor Organization Representative Signature

Title Date

Title Date