

**DECLARATION OF IMPASSE
FOR TAYLOR LAW PUBLIC SECTOR IMPASSES**

INSTRUCTIONS: Complete in full, retain one copy and distribute in the following manner: A) File with PERB electronically by emailing the Director of Conciliation at concilfiling1@perb.ny.gov. B) Simultaneously serve upon the respondent via email. Please do not send a hard copy to PERB's mailing address.

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 Employee _____ 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

Attach hereto, 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 _____

