

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.) (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