

**DECLARATION OF IMPASSE (Agricultural employer/  
Farm laborer employee organization)**

**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, FLOOR 20, ALBANY, NEW YORK 12220-0074. B) Simultaneously serve one (1) copy upon the respondent. You may file this form with PERB electronically by emailing to: concilfiling1@perb.ny.gov

Date: \_\_\_\_\_

**EMPLOYER**

Name of Employer.....\_\_\_\_\_

NAME, TITLE, ADDRESS, 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, 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 - Effective date and expiration date of present agreement: \_\_\_\_\_ to \_\_\_\_\_  
(Mo./Day/Yr.) (Mo./Day/Yr.)

E - 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. Indicate if you need an interpreter.

Pursuant to Article 20 of the Labor Law, as amended (State Employment Relations 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 702-b of said Act.

Signature of Representative Declaring Impasse \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If joint declaration, both representatives must sign:

Signature of Representative Declaring Impasse \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_