

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

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 one (1) copy upon the respondent. Please do not send a hard copy to PERB's mailing address.

Date:

EMPLOYER

Name of Employer

NAME, TITLE, ADDRESS, TELEPHONE

of the **Representative**

to whom PERB should direct correspondence

(Telephone)

(Email)

EMPLOYEE ORGANIZATION

Name of Employee Organization

NAME, TITLE, ADDRESS, TELEPHONE

of the Representative to whom PERB should direct correspondence

(Telephone)

(Email)

IDENTIFYING PARTY DECLARING IMPASSE

**Public
Employer**

**Employee
Organization**

**Joint
Declaration**

DESCRIPTION OF UNIT

A - Number of employees in the unit:

B - Included titles:

(Email)

(Telephone)

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

Reset Form

Print Form