

DECLARATION OF IMPASSE

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 conciling1@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:

PUBLIC EMPLOYER

Name of Public Employer

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

(Email) _____ **(Telephone)** _____

EMPLOYEE ORGANIZATION

Name of Employee Organization

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

(Email) _____ **(Telephone)** _____

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