

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD
80 WOLF ROAD, ALBANY, NEW YORK 12205

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, 80 Wolf Road, Albany, New York 12205. B) Simultaneously serve one (1) copy upon the respondent.

Date:

PUBLIC EMPLOYER

Name of Public Employer
NAME, TITLE, ADDRESS, TELEPHONE
AND FAX NUMBER of the
Representative to whom PERB
Should direct correspondence

EMPLOYEE ORGANIZATION

Name of Employee Organization NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBER of the Representative to whom PERB Should direct correspondence	CSEA, Inc., Local 1000, AFSCME, AFL-CIO , Labor Relations Specialist 1 Lear Jet Lane – Suite 2 Latham, New York 12110 (TELE.) (518) 785-4400 (FAX) (518) 785-4595
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IDENTIFYING PARTY DECLARING IMPASSE

Public Employee Joint
Employer Organization 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	<u>Labor Relations Specialist</u> Title	_____ Date
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If joint declaration, both representatives must sign:

_____ Signature	_____ Title	_____ Date
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