

REQUEST FOR IMPASSE SERVICES

PUBLIC EMPLOYMENT RELATIONS BOARD

510 East 12th Street, Suite 1B

DES MOINES, IOWA 50319

(PERB will provide impasse services only upon receipt of an original and one (1) copy of this form.)

I. IMPASSE SERVICE REQUESTED: (check only one box on this form.)

The undersigned state(s) that an impasse exists between the parties listed below and requests the Board provide the impasse service indicated.

A. STATUTORY IMPASSE PROCEDURES

1. Mediation (Iowa Code §20.20) A list of the unresolved items is attached.

2. Arbitration (Iowa Code §20.22)

B. INDEPENDENTLY-NEGOTIATED IMPASSE PROCEDURES

1. Pursuant to the parties' independently-negotiated impasse procedures (Iowa Code §20.19), the following impasse service is requested: _____
A copy of the independently-negotiated impasse procedures has been previously submitted or is attached.

II. IDENTITY OF PUBLIC EMPLOYER AND ITS REPRESENTATIVE.

(Please type or print)

A. Employer: _____ Phone: _____

B. Address: _____
(street) (city) (state) (zip)

C. Employer's bargaining rep: _____ Bus. ph: _____
Address: _____ Home ph: _____
(street) (city) (state) (zip)

III. IDENTITY OF EMPLOYEE ORGANIZATION AND ITS REPRESENTATIVE.

(Please type or print)

A. Employee organization: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

B. Organization's bargaining rep: _____ Bus. ph: _____
Address: _____ Home ph: _____
(street) (city) (state) (zip)

IV. AFFECTED BARGAINING UNIT. Number of employee in unit: _____

V. CERTIFICATE OF SERVICE.

I hereby certify that a copy of this request has been served on the party with whom we are negotiating, by ordinary mail or by personal delivery.

(Signature of bargaining representative)

For: _____

Date: _____

If joint request:

(Signature of bargaining representative)

For: _____

Date: _____

Unresolved items: