REQUEST FOR IMPASSE SERVICES

(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: _____

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

Bus. ph: _____

B. Employer's bargaining rep: _____ Home ph: _____

Address: _____
(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)

Bus. ph: _____

B. Organization's bargaining rep: _____ Home ph: _____

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

IV. AFFECTED BARGAINING UNIT.

The bargaining unit is generally described as:

Number of employees 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: _____