

**— 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 in this section.)

*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.**

OR

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. THE PUBLIC EMPLOYER AND ITS REPRESENTATIVE.**

(Please type or print)

**A.** Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

**B.** Employer's bargaining rep: \_\_\_\_\_ Bus/Cell ph: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(street) (city) (state) (zip)

**C.** *For mediation requests only:* Is the employer subject to the budget certification requirements of Iowa Code §24.17?  YES  NO

If "no" is checked, indicate the date the employer's next fiscal or budget year commences: \_\_\_\_\_

**III. THE EMPLOYEE ORGANIZATION AND ITS REPRESENTATIVE.**

(Please type or print)

**A.** Employee organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

**B.** Organization's bargaining rep: \_\_\_\_\_ Bus/Cell ph: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(street) (city) (state) (zip)

**IV. AFFECTED BARGAINING UNIT.**

The bargaining unit is generally described as:

Approximate 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.*

| If joint request:

\_\_\_\_\_  
(signature of bargaining representative)

\_\_\_\_\_  
(signature of bargaining representative)

For: \_\_\_\_\_ For: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_