



# REQUEST FOR IMPASSE DETERMINATION/ APPOINTMENT OF MEDIATOR

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

**INSTRUCTIONS:** A request for impasse determination must be filed with the appropriate regional office (see PERB Regulation 32075). A request which is not jointly filed must be served on the other party as required by Regulation 32792(b). Proof of service must accompany the request. Attach additional sheets if more space is required.

1. The employer of the employees in the established unit is an employer within the meaning of the :

- Educational Employment Relations Act (EERA) (Gov. Code, §§ 3540-3549.3).
- Higher Education Employer-Employee Relations Act (HEERA) (Gov. Code, §§ 3560-3599).
- Ralph C. Dills Act (Dills Act) (Gov. Code, §§ 3512-3524).

1. **EMPLOYER**

Name:  
Address:

**Agent to be contacted:**

Name:  
Title:  
Agency/Firm:  
Address:

\*\*\*\*\* Vgrr j ppg:  
E-mail Address:

2. **EXCLUSIVE REPRESENTATIVE**

Name:  
Address:

**Agent to be contacted:**

Name:  
Title:  
Union/Firm:  
Address:

Vgrr hone:  
E-mail Address:

4. **DESCRIPTION OF ESTABLISHED UNIT**

Shall Include:

Shall Exclude:

5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT:

6. DATE EXCLUSIVE REPRESENTATIVE WAS  
RECOGNIZED OR CERTIFIED:

7. **TYPE OF DISPUTE**

Initial Contract	Successor Contract	Reopener(s) in Existing Contract	Effects of Layoff
Other (describe)			

8. **PUBLIC NOTICE REQUIREMENTS**

Date exclusive representative's initial proposals presented to the public:

Date employer's initial proposals presented to the public:

Los Angeles Regional Office  
700 N. Central Avenue, Suite 200  
Glendale, CA 91203-3219  
(818) 551-2822

Sacramento Regional Office  
1031 18th Street  
Sacramento, CA 95814-4174  
(916) 322-3198

San Francisco Regional Office  
1330 Broadway, Suite 1532  
Oakland, CA 94612-2514  
(510) 622-1016

9. HISTORY OF NEGOTIATIONS/MEET AND CONFER

Date of first negotiations session:

Approximate total number of hours spent in negotiations to date:

Total number of negotiating sessions to date:

10. STATUS OF NEGOTIATIONS/MEET AND CONFER

Date impasse was declared by a party/parties pursuant to PERB Regulation 32792(a):

Total number of unresolved issues which remain in dispute:

Number of issues on which the parties have reached tentative agreement:

Issues which remain in dispute:

Issues on which tentative agreement has been reached:

11. STATEMENT OF FACTS

Provide a clear and concise description of the negotiations which have occurred, including the extent to which the parties have made counter-proposals and have discussed the issues which remain in dispute. Identify the facts which indicate that future meetings without the assistance of a mediator would be futile.

**DECLARATION**

I declare under penalty of perjury that the statements herein are true to the best of my knowledge and belief.

NAME OF REQUESTING PARTY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

Title:

Date:

NAME OF REQUESTING PARTY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

Title:

Date:

*(Attach a completed Proof of Service form.)*

**PROOF OF SERVICE**

I declare that I am a resident of or employed in the County of \_\_\_\_\_,  
State of \_\_\_\_\_. I am over the age of 18 years. The name and address of my  
residence or business is \_\_\_\_\_

On \_\_\_\_\_, I served the \_\_\_\_\_  
(Date) (Description of document(s))

\_\_\_\_\_  
(Description of document(s) continued)

on the parties listed below (include name, address and, where applicable, fax number) by (check  
the applicable method or methods):

\_\_\_ placing a true copy thereof enclosed in a sealed envelope for collection and delivery  
by the United States Postal Service or private delivery service following ordinary business  
practices with postage or other costs prepaid;

\_\_\_ personal delivery;

\_\_\_ facsimile transmission in accordance with the requirements of PERB Regulations  
32090 and 32135(d).

(Include here the name, address and, where applicable, fax number of the Respondent and any other parties served.)

I declare under penalty of perjury that the foregoing is true and correct and that this  
declaration was executed on \_\_\_\_\_, at \_\_\_\_\_.  
(Date) (City) (State)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Signature)