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 via the e-PERB Portal. 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).
   Judicial Council Employer-Employee Relations Act (JCEERA) (Gov. Code, §§ 3524.50-3524.81).

2. **EMPLOYER**

Name:

Address:

Agent to be contacted:

Name:

Title:

Agency/Firm: Address:

Phone:

E-mail Address:

3. **EXCLUSIVE REPRESENTATIVE**

Name:

Address:

Agent to be contacted:

Name:

Title:

Union/Firm:

Address:

Phone:

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:

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)*)

_____ in Case No. _____.
(*Description of document(s) continued*) PERB Case No., if known)

on the parties listed below by (check the applicable method(s)):

☐ 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;

☐ electronic service - I served a copy of the above-listed document(s) by transmitting via electronic mail (e-mail) or via e-PERB to the electronic service address(es) listed below on the date indicated. (*May be used only if the party being served has filed and served a notice consenting to electronic service or has electronically filed a document with the Board. See PERB Regulation 32140(b).*)

(*Include here the name, address and/or e-mail address of the Respondent and/or any other parties served.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on _____,
(*Date*)

at _____.
(*City*) (*State*)

(*Type or print name*)	(*Signature*)