



MMBA FACTFINDING REQUEST

DO NOT WRITE IN THIS SPACE: Case No.:

Date Filed:

INSTRUCTIONS: A request for factfinding pursuant to Government Code section 3505.4 must be filed with the appropriate regional office (see PERB Regulation 32075). Proof of service must accompany the request.

1. **EMPLOYER**

Name:

Address:

Agent to be contacted:

Name:

Title:

Agency/Law Firm:

Address:

Phone:

E-mail Address:

2. **EXCLUSIVE REPRESENTATIVE**

Name:

Address:

Agent to be contacted:

Name:

Title:

Union/Law Firm:

Address:

Phone:

E-mail Address:

3. **TITLE/DESCRIPTION OF ESTABLISHED UNIT**

4. **TYPE OF DISPUTE (e.g., initial contract, successor contract, reopeners)**

5. **STATUS OF NEGOTIATIONS/MEET AND CONFER**

(a) Date of written declaration of impasse:
(Please attach copy of the same)

(b) Date a mediator was appointed (if applicable):

DECLARATION

The parties have been unable to effect a settlement. Therefore, pursuant to PERB Regulation 32802, we request that the parties' differences be submitted to a factfinding panel.

NAME OF AUTHORIZED REPRESENTATIVE:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title:

Date:

(Attach a completed Proof of Service form.)

Los Angeles Regional Office
425 W. Broadway, Suite 400
Glendale, CA 91204-4118
Phone: (818) 551-2822
Fax: (818) 551-2820
PERBe-file.LARO@perb.ca.gov

Sacramento Regional Office
1031 18th Street
Sacramento, CA 95811-4124
Phone: (916) 322-3198
Fax: (916) 327-6377
PERBe-file.SRO@perb.ca.gov

San Francisco Regional Office
1330 Broadway, Suite 1532
Oakland, CA 94612-2514
Phone: (510) 622-1016
Fax: (510) 622-1027
PERBe-file.SFRO@perb.ca.gov

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) (Describe 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)