



State of California
PUBLIC EMPLOYMENT RELATIONS BOARD
REQUEST TO WITHHOLD IN-HOME SUPPORTIVE SERVICES
1991 REALIGNMENT FUNDS
(Welfare & Institutions Code, § 12301.61(f) and (g))

DO NOT WRITE IN THIS SPACE: Case No.: _____ **Date Filed:** _____

INSTRUCTIONS: Submit an original request to the appropriate PERB regional office with proof of service attached. Proper filing also includes concurrent service and proof of service of the request on the County/Employer. If more space is needed for any item, attach additional sheets.

PURPOSE OF THIS REQUEST: To allow PERB to determine if conditions exist that require the California Department of Finance to withhold 1991 Realignment Funds from a County/Employer.

1. EMPLOYEE ORGANIZATION INFORMATION

Name:

Address:

Agent to be contacted:

Full Name:

Title:

Law Office or Firm:

Address:

Phone:

E-mail Address:

2. COUNTY/EMPLOYER INFORMATION

County/Employer:

Address:

Agent to be contacted:

Full Name:

Title:

Law Office or Firm:

Address:

Phone:

E-mail Address:

3. PLEASE CHECK ALL THAT APPLY:

Part A:

Factfinding report was issued before June 30, 2019 and the parties did not settle their contract before October 1, 2019

Part B:

Mediation and factfinding occurred after October 1, 2019

90 days have passed since public release of the factfinding report and the parties have not settled their contract

Employee Organization believes the terms of the factfinding report are more favorable than the County's/ Employer's last best and final offer

The previous collective bargaining agreement has expired

4. SUPPORTING MATERIALS:

Along with this form, please submit all documents and other evidence to establish that the conditions described in Part 3 exist to the address below:

Public Employment Relations Board
Sacramento Regional Office
1031 18th Street
Sacramento, CA 95811-4124
PERBe-file.SRO@perb.ca.gov

5. DECLARATION

I declare under penalty of perjury that I have read the above request and that the statements herein are true and complete to the best of my knowledge and belief and that this declaration was executed on

_____ at _____, _____.
(Date) (City) (State)

(Type or Print Name)

(Signature)

Title, if any: _____

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____