

**JOINT REQUEST FOR CONTRACT MEDIATION ASSISTANCE
(PRIVATE SECTOR)**

INSTRUCTIONS: Complete in full, retain one copy each, and file an original and one (1) copy with the Director of Conciliation, PERB, PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20, Albany, New York 12220-0074. **This joint request form must be signed below by both the Labor Organization Representative and the Employer Representative before it will be processed.**

Date: _____

EMPLOYER

Name of Employer _____

**NAME, TITLE, ADDRESS, E-MAIL,
TELEPHONE AND FAX NUMBERS** _____
of the Representative to whom PERB _____
should direct correspondence _____
(E-mail) _____
(Telephone) _____ (FAX) _____

LABOR ORGANIZATION

Name of Labor Organization _____

**NAME, TITLE, ADDRESS, E-MAIL,
TELEPHONE AND FAX NUMBERS** _____
of the Representative to whom PERB _____
should direct correspondence _____
(E-mail) _____
(Telephone) _____ (FAX) _____

DESCRIPTION OF BARGAINING UNIT

A - Number of employees in the unit: _____

B - Included titles: _____

C - Excluded titles: _____

D - Employer's fiscal year: _____ to _____
(Mo./Day/Yr.) (Mo./Day/Yr.)

E - Effective date and expiration date of present agreement: _____ to _____
(Mo./Day/Yr.) (Mo./Day/Yr.)

F - Date of recognition or certification of negotiating agent: _____
=====

IMPORTANT DETAILS OF DECLARATION IMPORTANT

On a separate sheet of paper which should be attached hereto, write a clear and concise history of negotiations leading to this Request for Contract Mediation Assistance. Include the number and dates of the negotiating sessions and specifically list all presently unresolved issues.

=====

Pursuant to Section 702-a of the Labor Law (State Employment Relations Act), the undersigned representatives hereby request that the Public Employment Relations Board provide mediation assistance regarding the labor dispute described above .

Employer Representative Signature

Title Date

Labor Organization Representative Signature

Title Date