

REQUEST FOR IMPASSE SERVICES

Please email the form to eab.elections@eab.iowa.gov

I. Impasse Service Requested

The undersigned state(s) that an impasse exists between the parties listed below and requests the Board provide the impasse service indicated.

A. Statutory Impasse Procedures

Mediation (Iowa Code §20.20). *You must attach a list of the unresolved items or the request may be denied.*

OR

Arbitration (Iowa Code §20.22). Pick one of the following:

The parties have already requested mediation and have waited the required timeframe.

OR

The parties agree to waive mediation by signing this form and proceed directly to arbitration.

B. Independently-Negotiated Impasse Procedures

Pursuant to the parties' independently-negotiated impasse procedures (Iowa Code §20.19), the following impasse service is requested: _____

You must attach a copy of the independently-negotiated impasse procedure or the request may be denied.

C. Public Safety Status

Pursuant to Iowa Code §20.3 ad EAB Administrative Rule 621-6.4(20) this unit is classified as a public safety unit.

II. The Public Employer and its Representative

A. Employer: _____

Address: _____ Phone: _____

B. Employer's Bargaining Rep: _____

Address: _____ Phone: _____

Email Address: _____ Other Contact Info: _____

C. *For mediation requests only:*

Is the employer subject to the budget certification requirements of Iowa Code §24.17? YES NO

If "no" is checked, indicate the date upon which the employer's next fiscal or budget year commences:

III. The Employee Organization and its Representative

A. Employee Organization: _____

Address: _____ Phone: _____

B. Organization's Bargaining Rep: _____

Address: _____ Phone: _____

Email Address: _____ Other Contact Info: _____

IV. Affected Bargaining Unit

The bargaining unit is generally described as: _____

Number of employees in unit: _____

V. Certificate of Service

I hereby certify that a copy of this request has been served on the party with whom we are negotiating by ordinary mail or personal delivery.

(signature of bargaining representative)

For: _____

Date: _____

If joint request:

(signature of bargaining representative)

For: _____

Date: _____