

— REQUEST FOR IMPASSE SERVICES —

Please email 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

1. Mediation (Iowa Code §20.20) **A list of the unresolved items is attached.**

OR

2. Arbitration (Iowa Code §20.22)

B. INDEPENDENTLY-NEGOTIATED IMPASSE PROCEDURES

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

A copy of the independently-negotiated impasse procedures has been previously submitted or is attached.

C. PUBLIC SAFETY STATUS

1. Pursuant to Iowa Code Section 20.3 and EAB Administrative Rule 621 — 6.4(20) this unit is classified as a public safety unit.

II. THE PUBLIC EMPLOYER AND ITS REPRESENTATIVE.

(Please type or print)

A. Employer: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

B. Employer's bargaining rep: _____ Bus/Cell ph: _____

Address: _____
(street) (city) (state) (zip) (E-mail address)

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.

(Please type or print)

A. Employee organization: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

B. Organization's bargaining rep: _____ Bus/Cell ph: _____

Address: _____
(street) (city) (state) (zip) (E-mail address)

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 by personal delivery.

| If joint request:

(signature of bargaining representative)

(signature of bargaining representative)

For: _____ For: _____

Date: _____ Date: _____