

REQUEST FOR APPOINTMENT OF IMPASSE PANEL

OFFICE OF COLLECTIVE BARGAINING
40 RECTOR STREET - 7TH FLOOR
NEW YORK, N.Y. 10006
PHONE (212) 306-7160 FAX (212) 306-7167

Docket Number

Date Filed

INSTRUCTIONS: Consult the New York City Collective Bargaining Law, Chapter 3, Title 12 of the Administrative Code of the City of New York ("NYCCBL"), § 12-311, and the Rules of the Office of Collective Bargaining (Rules of the City of New York, Title 61, Chapter 1) ("OCB Rules"), § 1-05. File original with OCB and serve one copy on the designated agent for the other party.

Re: Collective Bargaining Negotiations between

and

1. (a) Expiration date of contract:

(b) Date negotiations began:

(c) Number of meetings and dates held:

(d) Number of mediation sessions and dates held:

(e) Date of last meeting prior to this request:

2. The bargaining unit/certification number:

Approximate number of employees in bargaining unit(s):

3. Specify in detail the issues on which the parties disagree (attach rider if necessary):

4. Number of persons to constitute panel (answer only if parties have agreed):

5. The names of persons from the Board's register whom the parties wish to have named to the panel (answer only if parties have agreed):

STATEMENT PURSUANT TO OCB RULE § 1-05(b)(4): In the opinion of the undersigned, negotiations have been exhausted and conditions are appropriate for the naming of an impasse panel. The undersigned requests that the Director recommend and that the Board of Collective Bargaining authorize the naming of a panel. **NOTE:** If this is a joint request, it should be signed by both parties; otherwise, the signature of the official representing the filing party is sufficient.

6. PARTY FILING REQUEST

Name:

Title:

Address:

Phone:

Fax:

Email (optional):

Signature

Date

7. OTHER PARTY

Name:

Title:

Address:

Phone:

Fax:

Email (optional):

Signature

Date