

**STATE OF MARYLAND  
PUBLIC SCHOOL LABOR RELATIONS BOARD**

**45 Calvert Street, Room 102  
Annapolis, MD 21401  
Telephone: (410) 260-7291 Fax: (410) 267-7014**

**REQUEST FOR DETERMINATION THAT AN IMPASSE IN NEGOTIATIONS HAS BEEN  
REACHED  
( Pursuant to Education Article, Title 6, Subtitle 4, Section 6-408(e)(1) or Subtitle 5, Section 6-  
510(e)(1))**

**INSTRUCTIONS**

Please type or print clearly, and complete all sections of this Request. ( If a section is not applicable to your situation, so state and explain why.) File the original of this Request with Erica L. Snipes, Executive Director of the PSLRB, and simultaneously serve a copy on the other party (unless this is a joint request). Filing and service shall be in person, by facsimile, by electronic mail, or by U.S. mail return receipt requested.

**I. REQUESTING PARTY OR PARTIES (Check appropriate line)**

Employee Organization \_\_\_\_\_

Public School Employer \_\_\_\_\_

Joint \_\_\_\_\_

**II. PARTIES INVOLVED**

**A. PUBLIC SCHOOL EMPLOYER**

1. Full name, street address, and telephone number of public school employer:

2. Name, title, street address, telephone number, e-mail address, and fax number of public school employer representative to contact:

## B. EMPLOYEE ORGANIZATION

1. Full name, street address, and telephone number of employee organization:
  
  
  
  
  
  
  
  
  
  
2. Name, title, street address, e-mail address, telephone number, and fax number of employee organization representative to contact:

## **III. DESCRIPTION OF NEGOTIATING UNIT**

A. Number of employees in negotiating unit:

B. Job categories in negotiating unit:

## **IV. NEGOTIATIONS AGREEMENT**

A. Effective date and expiration date of current negotiations agreement or, if none, of most recently expired negotiations agreement:

B. If there is no current or expired negotiations agreement, so state and explain why:

## **V. FACTS GIVING RISE TO THIS REQUEST**

On a separate sheet of paper to be attached hereto, provide a clear and concise statement of the totality of the circumstances giving rise to this Request. Include in the statement:

- A. Date and duration of each negotiations session;
- B. Names and positions of attendees at each negotiations session;
- C. A list by topic ( e.g., health insurance, leaves of absence ) of all matters as to which the requesting party(ies) contend(s) that an impasse has been reached;
- D. A list by topic of all matters as to which the parties reached agreement during the current negotiations;
- E. The public school employer's required budget submission date (if relevant to this Request); and
- F. Any additional information which may be helpful to the PSLRB in dealing with this Request.

**VI. POSITION OF OTHER PARTY (Unless this is a joint Request)**

Does other party agree that an impasse in negotiations has been reached (Check appropriate line)

Yes \_\_\_\_\_

No \_\_\_\_\_

Do Not Know \_\_\_\_\_

**VII. CERTIFICATION (If this is a joint Request, the signature of a representative of each party is required.)**

**I (we) declare that I (we) have read the information provided above, and that such information is, to the best of my (our) knowledge and belief, true.**

\_\_\_\_\_  
**Requesting Party**

\_\_\_\_\_  
**Requesting Party**

\_\_\_\_\_  
**Signature and Title of Representative  
Filing this Request**

\_\_\_\_\_  
**Signature and Title of Representative  
Filing this Request**

**Date:**

**Date:**