



OFFICE OF CONGRESSIONAL WORKPLACE RIGHTS

IMPASSE SERVICES REQUEST FOR ASSISTANCE

Section 220 (c)(4), of the CAA (2 U.S.C. § 1351(c)(4)) allows the Office of Congressional Workplace Right's (OCWR) Board of Directors ("Board") to exercise the authorities of the Federal Service Impasses Panel under Section 7119 of title 5. Any request that, under chapter 71 of title 5, would be presented to the Federal Service Impasses Panel shall, if made under this section, be presented to the Board.

The term impasse means that point in the negotiation of conditions of employment at which the parties are unable to reach agreement, notwithstanding their efforts to do so by direct negotiations and by the use of mediation or other voluntary arrangements for settlement. If voluntary arrangements, including the services of the Federal Mediation and Conciliation Service or any other third-party mediation, fail to resolve a negotiation impasse:

(a) Either party, or the parties jointly, may request the Board to consider the matter by filing a request as hereinafter provided; or the Board may, pursuant to 5 U.S.C. 7119(c)(1), as applied by the CAA, undertake consideration of the matter upon request of (i) the Federal Mediation and Conciliation Service, or (ii) the Executive Director of the OCWR; or

(b) The parties may jointly request the Board to approve any procedure, which they have agreed to adopt, for binding arbitration of the negotiation impasse by filing a request as hereinafter provided.

HOW TO FILE: ALL REQUESTS TO THE BOARD SHOULD BE ADDRESSED TO THE EXECUTIVE DIRECTOR, OFFICE OF COMPLIANCE. ANY PARTY SUBMITTING A REQUEST OR RESPONSE FOR BOARD CONSIDERATION OF AN IMPASSE OR A REQUEST FOR APPROVAL OF A BINDING ARBITRATION PROCEDURE SHALL FILE AN ORIGINAL AND ONE COPY WITH THE BOARD AND SHALL SERVE A COPY OF SUCH REQUEST UPON ALL COUNSEL OF RECORD OR OTHER DESIGNATED REPRESENTATIVE(S) OF PARTIES, UPON PARTIES NOT SO REPRESENTED, AND UPON ANY MEDIATION SERVICE WHICH MAY HAVE BEEN UTILIZED.

ADDITIONAL INFORMATION: For detailed information, see the Board's Regulations (2471) Procedures of the Board in Impasse Proceedings. Also available on the OCWR website: www.ocwr.gov.

INSTRUCTIONS

(a) If item 1(A) below is checked, attach information containing:

- (1) identification of the parties and individuals authorized to act on their behalf;
- (2) a statement of the issues at impasse and the summary positions of the initiating party or parties with respect to those issues;
- (3) the number, length, and dates of negotiation and mediation sessions held, including the nature and extent of all other voluntary arrangements utilized; and
- (4) the name and address of the mediator.

(b) If item 1(B) below is checked, attach information containing:



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- (1) identification of the parties and individuals authorized to act on their behalf;
- (2) a brief description of the impasse including the issues to be submitted to the arbitrator;
- (3) the number, length, and dates of negotiation and mediation sessions held, including the nature and extent of all other voluntary arrangements utilized;
- (4) a statement that the proposals to be submitted to the arbitrator contain no questions concerning the duty to bargain;
- (5) a statement of the arbitration procedures to be used, including the type of arbitration, the method of selecting the arbitrator, and the arrangement for paying for the proceedings or, in the alternative, those provisions of the parties' labor agreement which contain this information; and
- (6) the name and address of the mediator.

CASE # _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

1. THIS FORM, AND THE ATTACHED INFORMATION SPECIFIED ABOVE, IS A REQUEST TO THE BOARD OF DIRECTORS ("BOARD") OF THE OCWR FILED UNDER SECTION 220 OF THE CONGRESSIONAL ACCOUNTABILITY ACT AND THE OCWR'S REGULATIONS TO:

A. CONSIDER A NEGOTIATION IMPASSE

B. APPROVE A JOINT REQUEST FOR A BINDING ARBITRATION PROCEDURE TO RESOLVE A NEGOTIATION IMPASSE

2. NAME OF

AGENCY: _____

ADDRESS: _____

PERSON AUTHORIZED TO ACT ON BEHALF OF THE

AGENCY: _____

TITLE: _____

EMAIL: _____

PHONE NO.: _____ FAX

NO.: _____

3. NAME OF LABOR

ORGANIZATION: _____

ADDRESS: _____

PERSON AUTHORIZED TO ACT ON BEHALF OF THE LABOR ORGANIZATION: _____



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TITLE: _____
EMAIL: _____ PHONE _____
NO.: _____ FAX NO.: _____

4. DESCRIPTION OF BARGAINING

UNIT: _____

5. NUMBER OF EMPLOYEES IN BARGAINING UNIT: _____ DATE LABOR AGREEMENT
EXPIRES: _____

6. NAME OF INDIVIDUAL FILING THIS

REQUEST: _____ (CIRCLE ONE) EMPLOYING
OFFICE LABOR ORGANIZATION
ADDRESS: _____

TITLE: _____ EMAIL: _____
PHONE: (OFFICE) _____ (FAX) _____
SIGNATURE: _____

7. IF THIS IS A JOINT LABOR-MANAGEMENT REQUEST NAME OF ADDITIONAL INDIVIDUAL FILING THIS
REQUEST: _____ (CIRCLE ONE) EMPLOYING OFFICE LABOR
ORGANIZATION
ADDRESS: _____

TITLE: _____ EMAIL: _____
PHONE: (OFFICE) _____ (FAX) _____
SIGNATURE: _____