



Office of Congressional Workplace Rights

LABOR MANAGEMENT – IMPASSE SERVICES REQUEST

<p>See instructions below. Attach additional sheets if needed, numbered according to the box(es) below to which they pertain.</p> <p>IMPASSE FORM</p>	<p style="text-align: center; margin: 0;">DO NOT WRITE IN THIS SPACE</p> <hr/> <p style="margin: 0;">Case No.</p> <hr/> <p style="margin: 0;">Date Filed</p>
<p>1. This form, along with the attached information specified below, is a request to the OCWR Board of Directors filed under Section 220 of the Congressional Accountability Act and the OCWR’s regulations to:</p> <p>___ A. Consider a negotiation impasse</p> <p>___ B. Approve a joint request for a binding arbitration procedure to resolve a negotiation impasse</p>	
<p>2. Employing office information:</p> <p>Name: _____ Address: _____</p> <p>Name of person authorized to act on behalf of the employing office:</p> <p>Name: _____</p> <p>Title: _____ E-mail: _____</p> <p>Tel. #: _____ Fax #: _____</p>	
<p>3. Labor organization information:</p> <p>Name: _____ Address: _____</p> <p>Name of person authorized to act on behalf of the labor organization:</p> <p>Name: _____</p> <p>Title: _____ E-mail: _____</p> <p>Tel. #: _____ Fax #: _____</p>	
<p>4. Description of bargaining unit:</p> <p>Number of employees in bargaining unit: _____</p>	
<p>5. Date labor agreement expires:</p>	

6. Contact information of individual filing this request:

Name:

Title: E-mail:

Tel. #: Fax #:

Please select one of the following options:

A. Employing office representative

B. Labor organization representative

Signature

Name (please print or type) **Signature** **Date**

7. If this is a joint labor-management request, include the name of the additional individual filing this request:

Name: Address:

Title: E-mail:

Tel. #: Fax #:

Please select one of the following options:

A. Employing office representative

B. Labor organization representative

Signature

Name (please print or type) **Signature** **Date**

INSTRUCTIONS FOR COMPLETING IMPASSE SERVICES REQUEST FORM

General:

Section 220(c)(4) of the Congressional Accountability Act (CAA) (2 U.S.C. § 1351(c)(4)) allows the Board of Directors (Board) of the Office of Congressional Workplace Rights (OCWR) to exercise the authorities of the Federal Service Impasses Panel under Section 7119 of title 5. Any request that would be presented to the Federal Service Impasses Panel under chapter 71 of title 5 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
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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 provided below; 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 provided below.

Instructions for filling out numbered boxes:

#1. If item 1(A) above is selected, 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 a summary of the 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.

If item 1(B) above is selected, attach information containing:

- (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.

HOW TO FILE:

All requests to the Board should be addressed to the Executive Director, Office of Congressional Workplace Rights. Please e-mail completed forms to LMR@ocwr.gov (preferred); or hand-deliver to Room LA-200, John Adams Building, 110 Second Street SE, Washington, DC 20540-1999; or fax to (202) 426-1913. 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. For detailed information, see the OCWR Board's [Labor-Management Regulations](#) at section 2471, Procedures of the Board in Impasse Proceedings.

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