

**FEDERAL SERVICE IMPASSES PANEL
REQUEST FOR ASSISTANCE**

Form Approved:
OMB No. 3070-0007

INSTRUCTION: File an **original and one copy** of this request (including attachments) with the Executive Director, Federal Service Impasses Panel, 1400 K Street, NW, Washington, DC 20424-0001. Also serve a copy of the request (with attachments) on the other party to the dispute and on the mediator, and submit a written statement of such service to the Executive Director. Telephone number (202) 218-7790; Fax Number (202) 482-6674.

Date: _____

1. This is a request to the Panel, filed under title 5 of U.S. Code and the Panel's regulations to:
(Check One)
 - (a) Consider a negotiation impasse.
 - (b) Approve a joint request for a binding arbitration procedure to resolve a negotiation impasse.
 - (c) Consider an impasse resulting from an agency determination not to establish or terminate a compressed work schedule under the Federal Employees Flexible and Compressed Work Schedules Act.

2. (a) Name of Agency _____
(b) Address _____
(c) Person to Contact _____ Title _____
(d) Phone No. _____
(e) Fax No. _____

3. (a) Name of Labor Organization _____
(b) Address _____
(c) Person to Contact _____ Title _____
(d) Phone No. _____
(e) Fax No. _____

4. Description of Bargaining Unit _____

5. Number of Employees in Bargaining Unit _____ Date Labor Agreement Expires _____

6. (a) If term 1(a) is checked, attach information containing (1) the issues at impasse and requesting party's summary position thereon; (2) the number, length, and dates of negotiation and mediation sessions held; (3) the name and address of the mediator; and (4) the FMCS case number, if known.

(b) If item 1(b) is checked, attach information containing (1) the issues at impasse; (2) the number, length, and dates of negotiation and mediation sessions held; (3) the name and address of the mediator; (4) the FMCS case number; (5) the issues to be submitted to the arbitrator; (6) a statement as to whether any of the proposals to be submitted to the arbitrator contain questions concerning the duty to bargain and a statement of each party's position concerning such questions; and (7) the arbitration procedures to be used.

(c) If item 1(c) is checked, attach information containing (1) the number, length, and dates of negotiation sessions held; (2) the schedule or proposed schedule which is the subject of the agency's determination; (3) the agency's written determination and the finding on which the determination is based, including, in a case where the finding is made by a duly authorized delegatee, evidence of a specific delegation of authority to make such a finding; (4) a copy of any collective bargaining agreement between the parties and any other agreements concerning alternative work schedules; and (5) a summary of the position of the initiating party with a respect to the agency's determination.

7. (a) Name of Individual Filing this Request_____

Title_____

(b) Address_____

(c) Signature_____

(d) Phone No._____

(e) Fax No._____

8. If this is a joint labor-management request.

(a) Name of Other Individual Filing This Request_____

Title_____

(b) Address_____

(c) Signature_____

(d) Phone No._____

(e) Fax No._____

FLRA Form 14

Public reporting burden for this collection of information is estimated to average ½ hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden to Federal Service Impasses Panel, 1400 K Street, NW, Washington, DC 20424-0001; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20523. This form is not valid unless an OMB control number is displayed on the form.