

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD  
80 WOLF ROAD, ALBANY, NEW YORK 12205

COPY

DECLARATION OF IMPASSE

**INSTRUCTIONS:** Complete in full, retain one copy and distribute in the following manner:  
A) File an original and one (1) copy with the Director of Conciliation, PERB, 80 Wolf Road, Albany, New York 12205-2604. B) Simultaneously serve one (1) copy upon the respondent.

Date: December 31, 2007

PUBLIC EMPLOYER

**Name of Public Employer** Orange County

**NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBER** of the representative to whom PERB should direct correspondence  
Ms. Sharon N. Berlin, Esq.  
Lamb and Barnosky, LLP  
534 Broadhollow Road, Suite 210  
P. O. Box 9034  
Melville, NY 11747-9034  
(TELE.) (631) 694-2300 (FAX) (631) 454-3811

EMPLOYEE ORGANIZATION

**Name of Employee Organization** CSEA, Inc., (Orange County Unit)

**NAME, TITLE, ADDRESS, TELEPHONE AND FAX NUMBER** of the representative to whom PERB should direct correspondence  
Colleen F. Davies, Labor Relations Specialist  
568 State Route 52  
Beacon, NY 12508  
(TELE.) (845) 831-1000 (FAX) (845) 831-1117

IDENTIFYING PARTY DECLARING IMPASSE

Public Employer  Employee Organization  Joint Declaration

DESCRIPTION OF UNIT

- A - Number of employees in the unit: Approximately 2100
- B - Included titles: See Attached Listing
- C - Excluded titles: See Attached Listing
- D - Employer's fiscal year: 1/01/07 to 12/31/07  
(Mo./Day/Yr.) (Mo./Day/Yr.)
- E - Effective date and expiration date of present agreement: 1/1/03 to 12/31/06  
(Mo./Day/Yr.) (Mo./Day/Yr.)
- F - Date of recognition or certification of negotiating agent:

**IMPORTANT**

**DETAILS OF DECLARATION**

**IMPORTANT**

On a separate sheet of paper, which should be attached hereto, write a clear and concise history of negotiations leading to this Declaration of Impasse. Include the number and dates of the negotiating sessions and specifically list all presently unresolved issues.