



FOR BOARD USE ONLY

Case No. _____

Date Filed: _____

REQUEST FOR ASSISTANCE

JOINT
UNILATERAL

BOARD OF PERSONNEL APPEALS
PO BOX 8011
HELENA MT 59604-8011

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. ATTACH ADDITIONAL SHEETS IF NECESSARY.

TYPE OF ASSISTANCE REQUESTED: (Check all that apply)

Training:

Facilitation:

Mediation Arbitration Fact Finding

IBB
 LMC
 Affinity

IBB
 LMC
 Affinity

RECOGNIZED OR CERTIFIED LABOR ORGANIZATION AND AUTHORIZED REPRESENTATIVE

NAME	EMAIL ADDRESS:
MAILING ADDRESS:	DAYTIME TELEPHONE NUMBER:
CITY, STATE, ZIP CODE:	CELL PHONE NUMBER:

NAME OF PUBLIC EMPLOYER

BUSINESS NAME:	CONTACT NAME:
BUSINESS ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE	EMAIL ADDRESS:

DESCRIPTION OF UNIT:

DESCRIPTION OF ISSUE:

AUTHORIZED REPRESENTATIVE SIGNATURE:	DATE:	PUBLIC EMPLOYER SIGNATURE:	DATE:
---	--------------	-----------------------------------	--------------