



Montana Department of
LABOR & INDUSTRY
Employment Relations Division

For Board Use Only

Case No. _____
Date filed: _____

BOARD OF PERSONNEL APPEALS
UNILATERAL REQUEST FOR ASSISTANCE

INSTRUCTIONS: This form must be completed in its entirety. Please print or type. Submit original of this request to: the BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT, 59620-1503. If more space is required for any item, attach additional sheets and number items accordingly.

1. RECOGNIZED or CERTIFIED LABOR ORGANIZATION AND AUTHORIZED REPRESENTATIVE:
(Contact Information: Name, Mailing Address, Telephone Number and Email Address)

2. AFFILIATION: (Parent/National Organization, if any)

3. NAME of PUBLIC EMPLOYER: (Contact Name, Mailing Address, Telephone Number and Email Address)

4. DESCRIPTION of UNIT:

5. DESCRIPTION OF DISPUTE IN DETAIL: (attach additional sheets if necessary)

6. TYPE OF ASSISTANCE REQUESTED: (mediation, fact finding or arbitration of grievances)

Signature: _____ Date: _____