



**FOR BOARD USE ONLY**

Case No. \_\_\_\_\_

Date Filed: \_\_\_\_\_

**REQUEST FOR ASSISTANCE**

**JOINT  
UNILATERAL**

**BOARD OF PERSONNEL APPEALS  
PO BOX 201503  
HELENA MT 59620-1503**

**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:**

Please identify the agency, unit, contract number, as well as alleged sections of violation.

**AUTHORIZED REPRESENTATIVE SIGNATURE:**

**DATE:**

**PUBLIC EMPLOYER SIGNATURE:**

**DATE:**

