**Pre-Impasse Financial Consultation**

Pre-impasse financial consultation is a service provided by IEERB to the parties between September 15, 2022, and November 1, 2022.

Cost

All costs of the pre-impasse financial consultation, including preparation, mileage and other travel expenses approved by IEERB, shall be borne equally by the parties. Parties failing to attend scheduled mediation sessions shall be charged the entire amount for the missed session, including the consultant’s mileage and other travel expenses, any preparation by the consultant for the session, the consultant’s time in traveling to and from the session, and any reasonable time spent by the consultant at the session waiting for the party who failed to show. IEERB shall pay the consultant, and then bill the parties. Invoices are due within 30 days of receipt.

Requests

Pre-impasse financial consultation is only available upon mutual request of the parties, and this form must be signed by both parties. This form should be submitted to [impasse@ieerb.in.gov](mailto:impasse@ieerb.in.gov) and the non-submitting party must be cc’d on the email. The parties can make a request for a pre-impasse financial consulting beginning September 15, 2022.

Appointments

IEERB will appoint financial consultants from its Ad Hoc Panel. Consultants will not be appointed until on or after September 21, 2022.

**Request for Pre-Impasse Financial Consulting Services**

1. Do you have a mutually requested mediator? No Yes:
2. Contract expiration date:
3. Number of employees in the bargaining unit:
4. Total number of employees:
5. The parties to the Collective Bargaining Agreement are:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *School Employer Name* |  | *Exclusive Representative Name* |
|  |  |  |
| *Contact Person* |  | *Contact Person* |
|  |  |  |
| *Address* |  | *Address* |
|  |  |  |
| *Telephone Number* |  | *Telephone Number* |
|  |  |  |
| *Email Address* |  | *Email Address* |

1. Dates after September 21, 2022, that both parties are available for financial consultation:

|  |  |
| --- | --- |
|  |  |
| *Signature of School Employer Contact Person* | *Date* |
|  |  |
| *Signature of Exclusive Representative Contact Person* | *Date* |