STATE OF NEVADA

GOVERNMENT EMPLOYEE-MANAGEMENT RELATIONS BOARD

2023 EMPLOYEE ORGANIZATION ANNUAL REPORT FORM

Part One: Employee Organization Information					
Official Name of Employee Organization					
Please list any abbreviated name or nickname that	the organization sometimes uses in identifying itself				
Website Address	Current Number of Members				
Part Two: Contact Information					
	for all official communications (excepting those communications related to a case before the ce) and then list that person's contact information.				
Name of Contact Person	Title of Contact Person				
Mailing Address					
Telephone Number	Fax Number				
E-Mail Address	Other (please specify)				
Part Three: Officers Please list the name and title of all current officers	of your amplayor organization				
riease list the hame and thie of an current officers	or your employee organization.				
Name	Title				
Name	Title				
Name	Title				
Name	Title				
Name	Title				
Name	Title				
Name	Title				

Part Four: Professional Represent	atives			
Please list the following information for each profe		ained by your en	nployee organization to adm	ninister its various
activities (e.g., attorneys, business agents, etc.).				
Name		Title		
Name		Title		
Name		THE		
Name		Title		
Part Five: Bargaining Units		l h a \ th a t : a		ant within the Ctate of
Please list all bargaining units within your employed Nevada and attach a new CBA if the CBA was negot		•		ient within the State of
· ·	·		No. Employees in	CBA Expires
Description of Bargaining Unit	Local Government	<u> </u>	Bargaining Unit (1)	(mm/yy) (2)
				
Notes: (1) Number of employees includes the to	otal number in the bargai	ning unit (memb	ers and non-members).	
(2) If the collective bargaining agreemer	nt (CBA) has already expire	ed, then record t	he month and year it expire	d,
even though it may still be in effect.				
Part Six: Attachments to Annual F	iling			
Collective Bargaining Agreements				
For each collective bargaining agreement (CB.				
to this annual filing. If a CBA covers more than this box to signify that you have included copi			· · ·	BA. Please check
this box to signify that you have included cop	ies of any and an CBA's	as all attacilli	ient to this ming.	
Constitution and By-laws				
You must include a copy of your Constitution				· —
then as an attachment to this annual filing. Pl	ease check this box to	signify that you	u have included a copy to	this filing.
Part Seven: Certification				
I certify that the information provided on all p	parts of this form is cor	rect to the bes	t of my knowledge.	
Printed Name		Title		
i inited Name		TILLE		
Signature		Date		