

STATE OF NEVADA

LOCAL GOVERNMENT EMPLOYEE-MANAGEMENT RELATIONS BOARD

2016 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

Please identify the person who is to be contacted for all official communications (excepting those communications related to a case before the Board for which an attorney has filed an appearance) 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 employee organization.

Name

Title

Part Four: Professional Representatives

Please list the following information for each professional representative retained by your employee organization to administer its various activities (e.g., attorneys, business agents, etc.).

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

Part Five: Bargaining Units

Please refer to the attached Employee Association Data spreadsheet for information for each bargaining unit within your employee organization that is recognized by a local government within the State of Nevada. **Please correct any information you believe to be incorrect and add any missing information.**

<u>Description of Bargaining Unit</u>	<u>Local Government</u>	<u>No. Employees in Bargaining Unit (1)</u>	<u>CBA Expires (mm/yy) (2)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Notes: (1) Number of employees includes the total number in the bargaining unit (members and non-members).
(2) If the collective bargaining agreement (CBA) has already expired, then record the month and year it expired, even though it may still be in effect.

Part Six: Attachments to Annual Filing

Collective Bargaining Agreements

For each collective bargaining agreement (CBA) identified in Part Five above, please include a copy of the CBA as an attachment to this annual filing. If a CBA covers more than one bargaining unit, you need only submit one copy of that CBA. Please check this box to signify that you have included copies of any and all CBA's as an attachment to this filing.

Changes to Constitution and By-laws

Has your employee organization adopted any changes in its constitution or bylaws in the past year? Yes ____ No ____

If yes, you must include a copy of any changes as an attachment to this annual filing. Please check this box to signify that you have included any changes as an attachment to this filing.

Part Seven: Certification

I certify that the information provided on all parts of this form is correct to the best of my knowledge.

_____	_____
Signature	Title
_____	_____
Printed Name	Date