

STATE OF NEVADA
GOVERNMENT EMPLOYEE-MANAGEMENT RELATIONS BOARD
2024 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

Name

Title

Name

Title

Name

Title

Name

Title

Name

Title

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 list all bargaining units within your employee organization (not listed here) that is recognized by a local government within the State of Nevada and attach a new CBA if the CBA was negotiated after the last report filed in November 2024.

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

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. ☐

Constitution and By-laws

You must include a copy of your Constitution and By-Laws (if you did not submit one in 2023) OR a copy of any changes since then as an attachment to this annual filing. Please check this box to signify that you have included a copy 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.

_____ Printed Name	_____ Title
_____ Signature	_____ Date

PLEASE DO NOT LEAVE PART FIVE, NUMBER OF EMPLOYEES IN BARGAINING UNIT, BLANK.
INCOMPLETE FORMS WILL BE REJECTED AND RETURNED.

PLEASE EMAIL COMPLETED FORMS TO EMRB@BUSINESS.NV.GOV. PLEASE EMAIL OR CALL
702-486-4505 IF YOU HAVE ANY QUESTIONS. THANK YOU.