

STATE OF NEVADA
GOVERNMENT EMPLOYEE-MANAGEMENT RELATIONS BOARD
2026 LOCAL GOVERNMENT ANNUAL REPORT FORM

Part One: Local Government Information

Official Name of Local Government

Website Address

If your local government participates in PERS, please skip to Part Two.

If your local government is one of the few that does not participate in PERS, please report the number of employees in your local government here. _____ Note: PERS includes as employees those who are in positions considered to be half-time or more according to the full-time work schedule established for that public employer. Please use this definition.

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: Recognized Employee Organizations and Bargaining Units

INSTRUCTIONS: The information on this form was completed based upon your local government's previous annual filing. Please use the space below to correct any information you believe to be incorrect or list any additions of employee organizations or bargaining units since last year. If there are no changes to the information provided in this form, please check this box and sign the Certification on Part Four: ☐

Employee Organization

Bargaining Unit

Bargaining Unit

Bargaining Unit

Bargaining Unit

FORM CONTINUES ON REVERSE SIDE

PLEASE DIRECT INQUIRIES AND/OR RETURN COMPLETED FORM TO:
EMRB@EMRB.NV.GOV

Employee Organization

Bargaining Unit

Bargaining Unit

Bargaining Unit

Employee Organization

Bargaining Unit

Bargaining Unit

Bargaining Unit

Employee Organization

Bargaining Unit

Bargaining Unit

Bargaining Unit

Employee Organization

Bargaining Unit

Bargaining Unit

Bargaining Unit

Employee Organization

Bargaining Unit

Bargaining Unit

Bargaining Unit

Part Four: 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

PLEASE DIRECT INQUIRIES AND/OR RETURN COMPLETED FORM TO:
EMRB@EMRB.NV.GOV