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Contract Database Metadata Elements

Title: **Waverly, Village of and Village of Waverly Street Department Employees Association, International Brotherhood of Teamsters (IBT) Local 529 (2004)**

Employer Name: **Waverly, Village of**

Union: **Village of Waverly Street Department Employees Association, International Brotherhood of Teamsters (IBT)**

Local: **529**

Effective Date:

Expiration Date: **05/31/04**

PERB ID Number: **7787**

Unit Size: **3**

Number of Pages: **2**

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**CHAUFFEURS, TEAMSTERS, WAREHOUSEMEN AND HELPERS
LOCAL UNION NO. 529**

JOHN H. FARMER
Secretary

AFFILIATED WITH THE

JAMES M. TUCKER
President

7787_05312004

Waverly, Village Of And lbt Local 529
(St Dept Employees Assn)

Brotherhood of Teamsters



Office Phone: (607) 733-6519
FAX: (607) 733-8931

129 E. Chemung Place
ELMIRA, N.Y. 14904

**NYS PUBLIC EMPLOYMENT
RELATIONS BOARD
RECEIVED**

January 7, 2004

JAN 12 2004

Ms. Ann Martin, Mayor
VILLAGE OF WAVERLY
362 Broad Street
Waverly, NY, 14892

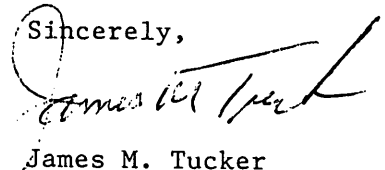
EXECUTIVE DIRECTOR

Dear Ms. Martin,

This letter will serve as official notification of the termination of agreement for the Maintenance/Street Department on May 31, 2004.

Please notify this office as to a time and place we can meet to begin our contract negotiations.

Sincerely,


James M. Tucker
President

JMT:lg

Certified Mail 7002 2030 0001 4972 8546
Return Receipt requested

cc: Federal Mediation and Conciliation Service
Certified Mail 7002 2030 0001 4972 8553

Public Employees Relations Board
Certified Mail 7002 2030 0001 4972 8560

NOTICE TO MEDIATION AGENCIES
(See instructions on reverse)

MAIL NOTICE PROCESSING UNIT
FEDERAL MEDIATION AND CONCILIATION SERVICE
TO: 2100 K STREET, N.W.
WASHINGTON, D.C. 20427

THE STATE OR TERRITORIAL MEDIATION AGENCY
Public Employees Relations Board
AND 80 Wolf Road, 5th floor
Albany, NY 12205

You are hereby notified that written notice of proposed termination or modification of the existing collective bargaining contract was served upon the other party to this contract and that no agreement has been reached.

(1) IF THIS IS A HEALTH CARE INDUSTRY NOTICE PLEASE INDICATE (MARK "X") <input type="checkbox"/> INITIAL CONTRACT <input type="checkbox"/> EXISTING CONTRACT	(2) (MARK "X") AND DATE(S): <input type="checkbox"/> CONTRACT REOPENER <small>To be filed in only if existing contract provides for reopening for specific changes during its term or if voluntary reopener.</small>	MO DAY YR REOPEN DATE
	<input checked="" type="checkbox"/> CONTRACT EXPIRATION EXPIRATION DATE 05 31 04	EXPIRATION DATE

(3) NAME OF EMPLOYER OR EMPLOYER ASSOCIATION/ORGANIZATION (IF MORE THAN ONE, SUBMIT NAMES AND ADDRESSES ON AN ATTACHED LIST)

VILLAGE OF WAVERLY, STREET DEPARTMENT

(4) ADDRESS OF EMPLOYER/ASSOCIATION NO.	STREET	CITY	STATE	ZIP
362 Broad Street		Waverly	NY	14892

(5) EMPLOYER OFFICIAL TO CONTACT (NAME AND TITLE)	(6 A) (AREA CODE) PHONE NUMBER	(6 B) (AREA CODE) FAX NUMBER
Ann Martin, Mayor	607/565-8106	

(7) NAME OF INTERNATIONAL UNION OR PARENT BODY

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

(8) NAME AND NO. OF LOCAL (IF NOT A LOCAL, GIVE NAME AND NUMBER, IF ANY, OF THE UNION ORGANIZATION INVOLVED IN THE NEGOTIATIONS)

Chauffeurs, Teamsters, Warehousemen and Helpers of America, Local Union No. 529

(9) ADDRESS OF LOCAL UNION NO.	STREET	CITY	STATE	ZIP
129 East Chemung Place		Elmira	NY	14904

(10) UNION OFFICIAL TO CONTACT (NAME AND TITLE)	(11 A) (AREA CODE) PHONE NUMBER	(11 B) (AREA CODE) FAX NUMBER
James M. Tucker, President	607/733-6519	607/733-8931

(12 A) LOCATION OF AFFECTED ESTABLISHMENT	CITY	STATE	ZIP
	Waverly	NY	14892

(12 B) LOCATION OF NEGOTIATIONS	CITY	STATE	ZIP
	Waverly	NY	14892

(13) TOTAL NUMBER EMPLOYED AT AFFECTED LOCATION(S)	(14) NUMBER OF EMPLOYEES COVERED BY THIS CONTRACT
15	3

(15) INDUSTRY AND /OR TYPE OF BUSINESS

Municipality

(16) PRINCIPAL PRODUCT OR SERVICE	(17) THIS NOTICE IS FILED ON BEHALF OF (MARK "X")
Maintenance/Street Department	<input checked="" type="checkbox"/> UNION <input type="checkbox"/> EMPLOYER

(18) TYPE OF NEGOTIATIONS (MARK "X")	(19) TYPE OF EMPLOYEES COVERED (MARK "X" IN ALL THAT APPLY)
<input checked="" type="checkbox"/> SINGLE ESTABLISHMENT <input type="checkbox"/> MULTI - PLANT <input type="checkbox"/> AREA OR INDUSTRY WIDE <input type="checkbox"/> MULTI - EMPLOYER <input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> PROFESSIONAL/TECHNICAL <input type="checkbox"/> CLERICAL <input checked="" type="checkbox"/> PRODUCTION/MAINTENANCE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> OTHER (SPECIFY) _____

(20) NAME AND TITLE OF OFFICIAL FILING NOTICE	(21) SIGNATURE AND DATE
James M. Tucker, President	 01/07/2004