**Local Change Bargaining Notification**

*§7102(2) of the Federal Service Labor-Management Relations Statute grants employees the right to engage in collective bargaining over conditions of employment through their chosen representatives. When management determines a need to change a condition of employment for bargaining unit employees, it may trigger a duty to bargain under a master agreement and the Statute. Management must provide* ***reasonable advance notice*** *and* ***an opportunity to bargain*** *before effecting that change.*

*Note: Ground rules for local bargaining (contained in a Local Supplemental Agreement, Memorandum of Understanding, or established past practice) may contain additional requirements that must be followed. This template ensures compliance with each of the national master collective bargaining agreements.*

[*Name and Union position title*]

[*Union and Local number*]

Subject: Union Notification – [e.g., Change in Hours of Operation for Pharmacy Service]

1. This serves as notification of management’s intent to [e.g., change the hours of operation for Pharmacy Service from 8:00 am – 4:30 pm to 7:00 am – 7:00 pm.]
2. This change will impact bargaining unit employees in the following ways: [e.g., Employees will be given the option of selecting from three tours of duty, including the option of remaining on their current tour of duty. Management will solicit volunteers for the new tours of duty and will use seniority as the basis for granting or denying requests. Supervisory assignments may change, as employees will report to a supervisor on the same tour of duty.]
3. This change is necessary in order to [e.g., better serve the needs of a growing patient population and expanded clinic hours. Patient satisfaction surveys have consistently revealed dissatisfaction with limited pharmacy hours.]
4. The following documents are attached for your review:
* [e.g., Excel spreadsheet containing the new tours of duty and the number of employees that will be assigned to each.
* Patient satisfaction surveys related to Pharmacy hours of operation.]
1. Management intends to implement this change on [DATE]. Should you require additional information or a briefing, please notify me and I will assist.

*Alternate language for NAGE only:* Management intends to implement this change on [DATE]. Should you require a briefing, management is available at the following times:

* Option one
* Option two
* Option three

*Signature of designated management official*