

STATE OF OREGON
ERB Arbitrator and Factfinder Panel Request Form

A request for an arbitrator panel may be made by downloading this form and mailing, faxing or emailing it to:
ERB Conciliation Service, 528 Cottage St. NE, Suite 400, Salem, OR 97301-3807

Emprel.Board@state.or.us

Fax: 503-373-0021 Phone: 503-378-6471

You may also request an arbitration panel using a different format; however, the data requested in this form should be included.

1. Employer Information: Employer's name: _____ Representative's name: _____ Street Address: _____ City: _____ State _____ Zip Code _____ Phone: _____ Fax: _____ Email: _____
2. Union Information: Union's name: _____ Representative's name: _____ Street Address: _____ City: _____ State _____ Zip Code _____ Phone: _____ Fax: _____ Email: _____
3. Check One: <input type="checkbox"/> Interest Arbitration; <input type="checkbox"/> Grievance Arbitration; <input type="checkbox"/> Factfinding; <input type="checkbox"/> Joint Request for Second List (see instructions). For Grievance Arbitrations, provide the grievance name & issue(s): _____
4. Panel Size: A panel of 7 names is normally provided. If your collective bargaining agreement requires a different number or you have jointly agreed to a different number, please indicate the number requested here: _____
5. Special Requirements: A panel from the All ERB list will normally be provided. However, if your collective bargaining agreement provides for a different panel or you have <u>jointly agreed</u> to one of the restricted panels identified under OAR 115-040-0032(1), please check the panel requested below (check one box only): <input type="checkbox"/> Only AAA Arbitrators <input type="checkbox"/> Only Oregon Arbitrators <input type="checkbox"/> Only Oregon/Washington Arbitrators <input type="checkbox"/> Only Arbitrators Engaged Primarily as Arbitrators/Mediators <input type="checkbox"/> Only Arbitrators Who Have Issued At Least Two Fact Findings or One Interest Arbitration

6. Signature: A panel of arbitrators is usually provided upon the request of a single party. If special requirements are requested, by signing below I certify that these requirements are either provided for in the parties' collective bargaining agreement or jointly agreed upon by the parties.

Party Requesting List	Date	Other Party (not normally required)
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NOTE: This agency's submission of a panel to the parties should not be construed as any more than an administrative action in compliance with a request. Such action does not reflect on the appropriateness of the request or the substance or arbitrability of the issue in dispute.