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@oregon.gov
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: □ Interest Arbitration; □ Grievance Arbitration; □ Factfinding; □ 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 jointly agreed to one of the restricted panels identified under OAR 115-040-0032(1), please check the panel requested below **(check one box only)**:

□ Only AAA Arbitrators □ Only Oregon Arbitrators □ Only Oregon/Washington Arbitrators
□ Only Arbitrators Engaged Primarily as Arbitrators/Mediators
□ 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)**

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.