

**STATE OF OREGON**  
**ERB Mediation Request Form**  
**For Collective Bargaining Matters under ORS 243.712**

Please complete all information requested below. This form may be printed and e-mailed, mailed or faxed to the address below.  
 Submit your completed form to:

**ERB Conciliation Service**

E-mail: [Emprel.Board@oregon.gov](mailto:Emprel.Board@oregon.gov); Fax: 503-373-0021;  
 US Mail: 528 Cottage St. NE, Ste. 400, Salem, OR 97301-3807

<b>Employer Name and Address:</b>	<b>Labor Organization Name and Address:</b>
<b>Employer Representative Contact Info (Mail/Phone/Email/ Fax):</b>	<b>LO Representative Contact Info (Mail/Phone/Email/Fax):</b>
<b>Employer Billing Contact (if different than above):</b>	<b>LO Billing Contact (if different than above)</b>
<b>Date the 150 days of negotiations began:</b> <i>As defined in ORS 243.712, the 150 days begins when a bargaining unit is certified or recognized. For other parties, the 150 days begins when parties have met for their first bargaining session and have mutually exchanged their initial proposals.</i>	<b>Check One:</b> <input type="checkbox"/> Strike Permitted Unit <input type="checkbox"/> Strike Prohibited Unit <i>As defined in ORS 243.736</i>  <b>This request is for:</b> <input type="checkbox"/> New Contract <input type="checkbox"/> Successor Contract <input type="checkbox"/> Reopener
<b>Have the parties bargained for 150 days or more?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>	<b>Number of employees represented in this unit:</b>
<b>Unresolved Issues:</b>	<b>Preferred meeting dates and times:</b>
<b>Submitted by (sign &amp; date):</b>	<b>Acknowledgment by Other Party* (sign &amp; date):</b>
<b>Name</b> <span style="float: right;"><b>Date</b></span>	<b>Name</b> <span style="float: right;"><b>Date</b></span>

<sup>1</sup> Both parties must agree to a mediation request prior to the expiration of the 150-day bargaining period. Evidence of agreement must be submitted to ERB, either as a request signed by both parties or by separate communications from each party indicating agreement.

## Contract Mediation Fees

*Do not submit any fees with your request.* The cost of mediation for a local government employer and the corresponding exclusive representative is:

- (a) \$1,000 for the first two mediation sessions (\$500 per party);
- (b) \$500 for the third mediation session (\$250 per party);
- (c) \$750 for the fourth mediation session (\$375 per party); and
- (d) \$1,000 for each additional mediation session (\$500 per party).

Parties will be billed at the time of the mediation. Mediation services for State agencies and unions representing state employees are provided for through an interagency assessment.

If you have any questions, contact the Mediation Assistant at [Emprel.Board@oregon.gov](mailto:Emprel.Board@oregon.gov) or (503) 378-6471.