

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

A request for mediation may be made by downloading this form and mailing, faxing or e-mailing it to the address below. You may also request mediation using a different format; however, the data requested in this form should be included. All correspondence should be submitted 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)

1. Name and address of Employer:	2. Name of Bargaining Unit:
3. Name, address, phone, fax and e-mail for the Employer's contact person:	4. Name, address, phone, fax, and e-mail for the Bargaining Unit's contact person:
5. a) Date the 150 days of negotiations began: b) Have the parties bargained for 150 days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No*	6. Check One: <input type="checkbox"/> Strike Permitted <input type="checkbox"/> Strike Prohibited
7. Number of employees represented in this unit:	8. This request is for a: <input type="checkbox"/> New contract <input type="checkbox"/> Successor Contract <input type="checkbox"/> Reopener
9. Unresolved Issues:	10. Possible meeting dates/times and/or restrictions on same:

11. Names and/or Signatures:

Submitted by: Date Acknowledgement by Other Party* Date

*Both parties must agree to a mediation request prior to the expiration of the 150 day bargaining period. Evidence of this agreement must be submitted to ERB, either in the form of a request signed by both parties or by separate communications from each party indicating their agreement.

ERB Collective Bargaining Mediation Request Form Instructions

This form is to be used to request mediation for collective bargaining negotiations under ORS 243.712, including bargaining over a new contract for a recently recognized/certified unit, for a successor agreement or for a reopener under a current contract. Only the employer and/or the exclusive bargaining representative can request mediation for collective bargaining negotiations. Do not use this form to request mediation for expedited bargaining cases under ORS 243.698.

1. Insert the name and address of the Employer.
2. Insert the name of the Bargaining Unit, as described in the Labor Agreement
3. Insert the name, mailing address, phone number, fax number and e-mail address of the Employer's contact person.
4. Insert the name, mailing address, phone number, fax number and e-mail address of the Bargaining Unit's contact person.
5. a) Insert the date the 150 days of bargaining began. Under ORS 243.712, the 150 day period begins on the date by which a new bargaining unit is certified or recognized; or for other parties, the date by which the parties have met for their first bargaining session and received each others' initial proposals.
b) Check the appropriate box indicating whether the parties have been bargaining for at least 150 days. If this request is made prior to the expiration of the 150 days of bargaining, both parties must agree to the mediation request. If you have agreed to a shorter bargaining period under your contract, please attach a copy of the relevant article.
6. Check the appropriate box indicating whether this is a strike-permitted or strike-prohibited bargaining unit, as defined in ORS 243.736.
7. Insert the number of represented employees in this bargaining unit.
8. Check the box to indicate whether you are bargaining over a new contract for a recently recognized/certified unit, for a successor agreement or for a reopener under a current contract.
9. Briefly list the unresolved issue(s) to be addressed in mediation.
10. Indicate potential dates and times your team or both teams have available for the mediation. This is not required, but providing dates will expedite scheduling of mediation.
11. If submitting by fax or mail: Sign this form and insert the date this form is mailed/faxed
If e-mailing: Insert name of person submitting the request and the date it is emailed
For Joint Requests: For requests submitted prior to the expiration of the 150 days, agreement to the request for mediation must be communicated to ERB by the other party. This agreement may be communicated by phone, e-mail, fax or mail.

Cost of Mediation:

Do not submit any fees with your request. The cost of mediation for a local government employer and the corresponding exclusive representative is \$500 per party for each collective bargaining dispute. An additional \$500 per party is charged for the second session following a notice of a union's intent to strike or an employer's intent to implement its final offer. 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 inter-agency assessment.

If you have any questions, contact us at Sandra.Elliott@state.or.us or (503) 378-6471.