

STATE OF OREGON
ERB Mediation Request Form
For Unfair Labor Practice (ULP) Complaints filed under ORS 243.672

A request for mediation in a ULP case may be made through the assigned Administrative Law Judge or by downloading this form and mailing, faxing or emailing 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 the Employer:	2. Name of the 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. Name, address, phone, fax and e-mail for the Employee, if party to the ULP, and Employee's Representative, if any:	6. Do all parties agree to mediation? <input type="checkbox"/> Yes <input type="checkbox"/> No*
7. Name of the Administrative Law Judge (ALJ):	8. Has the ALJ set a hearing date? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", hearing date is: _____
9. ERB's ULP Case No. & date filed:	10. Possible meeting dates/times, and/or restrictions on same:

11. Names and/or Signatures:

Submitted by: Date

Acknowledgment by other party or parties* Date

*All parties must agree to mediation in ULP cases. Evidence of this agreement must be submitted to ERB, either in the form of a request signed by all parties or by separate communications from each party.

ERB UNFAIR LABOR PRACTICE (ULP) MEDIATION REQUEST FORM INSTRUCTIONS

This form is to be used to request mediation of an Unfair Labor Practice (ULP) Complaint filed under ORS 243.672 only. All parties must agree to mediation in a ULP case. A request for mediation in a ULP case may also be made through the assigned Administrative Law Judge (ALJ).

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. If an employee is a party to the ULP; insert the name, mailing address, phone number, fax number and e-mail address the Employee and the Employee's Representative, if any.
6. Check the appropriate box to indicate whether all parties have agreed to mediation. In ULP cases, all parties **MUST** agree to a mediation request.
7. Insert the name of the ALJ assigned to this case.
8. Indicate the hearing date set by the ALJ, if any.
9. Insert the ERB Case No. and the date the ULP was filed, if known.
10. Indicate potential dates you or all parties have available for 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 the name of the person submitting the request and the date it is e-mailed.
In either case, agreement to the request for mediation must be communicated to ERB by all parties. 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 ULP mediation for a local government employer and the corresponding exclusive representative is \$250 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 inter-agency assessment.

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