

STATE OF OREGON
ERB Mediation Request Form
For Expedited Bargaining Cases under ORS 243.698

A request for mediation may be made 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 Bargaining Unit/Union:
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. Date Employer sent Union/Association the written notice of anticipated change(s):	6. Check One: <input type="checkbox"/> Strike Permitted <input type="checkbox"/> Strike Prohibited
7. Number of employees represented in this unit:	8. Both parties agree to mediation: <input type="checkbox"/> Yes <input type="checkbox"/> No*
9. 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 mediation in an expedited bargaining case. 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.

ERB Expedited Bargaining Mediation Request Form Instructions

This form is to be used to request mediation in expedited mid-term contract bargaining under ORS 243.698(4) only. Such mediation must occur during the 90 day expedited bargaining period. Mediation in expedited bargaining cases must be agreed to by both parties. Do not use this form to request mediation for negotiations under ORS 243.712, including bargaining for a new contract for a recently recognized/certified unit, for a successor agreement or for a reopener under a current contract.

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. Insert the date the Employer sent the Union the written notice of anticipated change(s).
6. Check the appropriate box to indicate whether this is a strike-permitted or strike-prohibited unit, as defined in ORS 243.736.
7. Insert the number of represented employees in this bargaining unit.
8. Check the appropriate box indicating whether both parties have agreed to mediation (both parties must have agreed).
9. Briefly list the issue(s) that will be addressed in mediation.
10. Indicate the potential dates and times you or both parties have available for the mediation within the 90 day bargaining period. 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 emailing: Insert the name of person submitting the request and the date it is emailed.
In either case, 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:

- (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 inter-agency assessment.

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