STATE OF OREGON, EMPLOYMENT RELATIONS BOARD, CONCILIATION SERVICE MEDIATION REQUEST FOR GRIEVANCES UNDER A COLLECTIVE BARGAINING AGREEMENT

Submit your request for mediation by completing this form and uploading it to our online <u>Case Management System-CMS</u>.

Alternative filing options detailed in the instructions.

Employer Name / Address:	Labor Organization Name / Address:
Employer Rep Contact Address/Phone/Email:	Labor Organization Rep Contact Address/Phone/Email:
Maria Adda Garage	
Mailing Address for Billing Contact (if different than above):	Mailing Address for Billing Contact (if different than above):
Description of Grievance (Name/Topic):	Check One:
	Mediation request is made pursuant to current collective bargaining agreement, Article (Attached)
	The parties jointly request grievance mediation. ¹
	The parties jointly request girevance inediation.
Preferred meeting dates and times:	
Freierred meeting dates and times.	
Preferred Meeting Format for Initial Meeting*	
In-person	
Virtual	
Hybrid (some team members appearing in person and others virtually)	
Describe:	
No and farmer	
No preference *final determination of format will be made by the Conciliation Service	
Submitted by (sign & date):	Acknowledgment by Other Party* (sign & date):
Name Date	Name Date

¹Unless otherwise provided for in your collective bargaining agreement, both the employer and the exclusive bargaining representative (labor organization) must agree to mediation for contract grievances. 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.

INSTRUCTIONS FOR REQUESTING MEDIATION SERVICES

<u>Confirm You are Using the Correct Mediation Request Form</u>. The Conciliation Service has separate forms for Collective Bargaining Mediation, Expedited Bargaining Mediation, Grievance Mediation, ULP Mediation, State Personnel Relations Law (SPRL) Mediation, and Training.

<u>Submission Methods</u>: You may submit your request by using our online <u>Case Management System-CMS</u> (preferred). You may also email the request to <u>ERB.Filings@ERB.oregon.gov</u>.

<u>Completing the Form</u>: All sections of the form must be completed before a mediator is assigned and scheduling discussions begin.

<u>Meeting Format</u>: (in-person, virtual, hybrid): Check your preference for format and use the *Describe* area to elaborate as needed, or to indicate each party's preference if submitting jointly. When selecting Hybrid, use the *Describe* area to detail how many team members will be participating per format (in-person/virtual) and their roles (attorney, HR Director, Union President, etc.). Meeting format will ultimately be determined by the Conciliation Service.

Fees and Invoicing: Do not submit any fees with your request.

The cost of grievance mediation for a local government employer and corresponding exclusive representative is:

\$500 per mediation session (\$250 per party);

Parties will be billed after the first mediation session.

Mediation services for State agencies and labor organizations representing State employees are provided for through an interagency assessment (there is no separate fee).

If you have questions, contact the Mediation Coordinator at Emprel.Board@ERB.oregon.gov or (503) 378-6471.