## STATE OF OREGON ERB Arbitrator List Request Form

A request for a list of arbitrators may be made by email, mail, or fax to:

## ERB.Filings@oregon.gov

ERB Conciliation Service, 528 Cottage St. NE, Suite 400, Salem OR 97301-3807 Fax: 503-373-0021

(Requests may be made without using this form, but must include all of the following information.)

provided for in				
If special requi	rements are requested, by	signing below I certify	e request of a single party. that these requirements are either bintly agreed upon by the parties.	
	_	_	ravel within Oregon. (This includes ents and charge from the Oregon border.)	
Only arbitrate	ors who are Oregon or Wash	ington residents		
Only AAA arbitrators		Only arbitrate	Only arbitrators who are Oregon residents	
However, in acc		32(1), the parties may j	anel will normally be provided. jointly request a list restricted in al requirements):	
If your collective	en (7) names are normally a bargaining agreement requalities the number requested	ires a different number,	or you have jointly agreed to a different	
For Grievance A	•	,		
3. Check Offe.	Joint Request for second	list (see instructions)	Factfinding	
3. Check One:	Interest Arbitration	Eman.	Grievance Arbitration	
City: Phone:	Fax:	State: Email:	Zip Code:	
Street Address:		<b>G</b>	7: 0.1	
Representative's	name:			
Union name:	auun.			
Phone: <b>2. Union Inform</b>	Fax:	Email:		
City:	F	State:	Zip Code:	
Street Address:				
Representative's				
Employer name:				
1. Employer Inf				

NOTE: This agency's submission of a panel to the parties should not be construed as any more than an administrative action in compliance with a request. Such action does not reflect on the appropriateness of the request or the substance or arbitrability of the issue in dispute.