## 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.)

| If special requi                      |  | •                         | intly agreed upon by the parties.  |  |
|---------------------------------------|--|---------------------------|--|--|
| 6 Signature: A                        | panel of arbitrators is usurements are requested, by s                           | • •                       |  |  |
|                                       |  |                           | avel within Oregon. (This includes nts and charge from the Oregon border.)           |  |
| Only arbitrate                        | ors who are Oregon or Washi  | ngton residents           |  |  |
| Only AAA arbitrators                  |  | Only arbitrate            | Only arbitrators who are Oregon residents  |  |
| However, in acc                       |  | 2(1), the parties may j   | nnel will normally be provided. ointly request a list restricted in l requirements): |  |
| If your collective                    | en (7) names are normally pargaining agreement requindicate the number requested | res a different number, o | or you have jointly agreed to a different  |  |
| For Grievance A                       | •  | · ·                       |  |  |
| J. CHECK OHE.                         | Joint Request for second l   | ist (see instructions)    | Factfinding  |  |
| 3. Check One:                         | Interest Arbitration   | Eman.                     | Grievance Arbitration  |  |
| City: Phone:                          | Fax:   | State:<br>Email:          | Zip Code:  |  |
| Street Address:                       |  | G.                        |  |  |
| Representative's                      | name:  |                           |  |  |
| Union name:                           | auvii.   |                           |  |  |
| Phone: <b>2. Union Inform</b>         | Fax:   | Email:                    |  |  |
| City:                                 | Earr   | State:                    | Zip Code:  |  |
| Street Address:                       |  |                           |  |  |
| Representative's                      |  |                           |  |  |
|                                       |  |                           |  |  |
| <b>1. Employer Inf</b> Employer name: | oi manon.  |                           |  |  |

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.