

STATE OF OREGON
ERB Mediation Request Form
For Grievances under a Collective Bargaining Agreement

Please complete all information requested below. This form may be emailed, mailed, or faxed.

Submit your completed form to:

ERB Conciliation Service

Emprel.Board@oregon.gov

ERB Conciliation Service, 528 Cottage St. NE, Suite 400, Salem OR

97301-3807 Fax: 503-373-0021

Employer Name and Address:	Labor Organization Name and Address:
Employer Rep Contact (Address/Phone/Email/ Fax):	Labor Organization Rep Contact (Address/Phone/Email/Fax):
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 _____ (Please attach) The parties jointly request grievance mediation.*
	Preferred meeting dates/times:
Submitted by (sign & date):	Acknowledgment by Other Party* (sign & date):
Name	Name
Date	Date

* Unless 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.

Grievance Mediation Fees

Do not submit any fees with your request.

The cost of grievance or unfair labor practice mediation for a local government employer and the corresponding exclusive representative is \$500 per session (\$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 interagency assessment.

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