

Public Employment Relations Board
PO BOX 2074 ESP Agency Bldg. 2, Floor 20
Albany, NY 12220-0074

RESUME OF PANEL ARBITRATOR

JAMES R MCDONNELL

Occupation: PROF EMERITUS/ARBITRATOR

East Amherst, NY 14205

EDUCATION:

B.S., SUNY FREDONIA, NY (1953)
M.S., SUNY COLLEGE, BUFFALO, NY (1960)
Ph.D., UNIVERSITY OF WISCONSIN (1970)

PROFESSIONAL AFFILIATIONS:

National Academy of Arbitrators
Industrial Relations Research Association

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Extensive experiences since 1971 in Private Sector: steel, auto, rubber, glass, chemical, textile, machine tool, printing industries. Cases involved: discipline, termination, time and attendance, benefits, wages, incentives and more. In the Public Sector: schools, municipalities, police and fire, prisons and more involving the same issue listed above. Transportation industry: railroads and trucking.

MEDIATION & FACT FINDING EXPERIENCE:

Numerous (150 assignments) as Mediator-Fact finder, Conciliator in public schools, municipalities, police and fire since 1975.

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

PER DIEM FEE: \$1400

ADJOURNMENT FEE: \$1400 (cancellation)
within 15 working days

SIGNED AND SUBMITTED BY ARBITRATOR MCDONNELL ON JULY 9, 2015

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BILLING DISCLOSURE STATEMENT

ARBITRATOR'S NAME: JAMES R MCDONNELL

The following is a description of my fees and expenses:

A) HEARING TIME.

(1) My per diem is \$1400 for each day or any part thereof spent hearing a case.

(2) If a hearing day exceeds ___ hours, I charge:

_____ a second full per diem _____ a prorated per diem

X no additional charge _____ other (describe)

(3) Additional comments:

B) STUDY TIME.

(1) I charge \$1400 for each day spent in preparation of the opinion and award.

(2) This charge ___ will X will not be prorated for partial days devoted to such preparation.

(3) Additional comments:

C) TRAVEL TIME AND EXPENSES.

(1) When travel time plus hearing time exceeds _____ hours in a calendar day:

X Not applicable (no additional charge)

_____ I charge as follows (describe):

(2) I charge for actual, travel-related expenses incurred in connection with the case X YES _____ NO.

Where appropriate, a mileage charge for auto travel will be billed at:

X Prevailing IRS rate _____ Other (describe):

(3) When the scheduled hearing day(s) requires an overnight stay:

X There is no charge, other than for lodging and subsistence.

_____ I charge as follows (describe):

(4) Additional Comments:

D) POSTPONEMENT OR CANCELLATION FEES.

A fee of **\$1400** will be charged unless I receive notice of a postponement or cancellation:

_____ within _____ calendar days of the scheduled hearing date

X other (describe): 15 working dates of the scheduled hearing date

E) ADDITIONAL CHARGES. I charge separately for expenses incurred in connection with the following:

Docketing (describe): _____ Yes X No

Duplication Yes X No

Fax Yes X No

Finance or late payment charge (describe): _____ Yes X No

Postage Yes X No

Secretarial Yes X No

Telephone Yes X No

Other (describe): _____

F) GENERAL TERMS.

(1) Billing for fees and expenses will be divided equally between the parties unless otherwise required by the collective bargaining agreement or the conditions of the appointment.

(2) Other conditions (describe):

G) OTHER INFORMATION/COMMENTS.

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IMPORTANT

THIS FORM IS NOT INTENDED TO SUGGEST THE SERVICES FOR WHICH AN ARBITRATOR SHOULD OR SHOULD NOT CHARGE. IT PRESENTS THE MOST RECENT INFORMATION PROVIDED BY THE NAMED ARBITRATOR TO THE NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD, WHICH BEARS NO RESPONSIBILITY FOR ERRORS OR OMISSIONS CONTAINED ON THE FORM, OR FOR VARIANCES IN ACTUAL PRACTICE BY THE ARBITRATOR.