

**Public Employment Relations Board
80 Wolf Road, Suite 500
Albany, NY 12205-2656**

RESUME OF PANEL ARBITRATOR

THOMAS N RINALDO

Occupation: ATTY/ARBITRATOR

WILLIAMSVILLE, NY 14231-1334

EDUCATION:

STATE UNIVERSITY OF NEW YORK AT BUFFALO (1964)
BROOKLYN LAW SCHOOL (1967)

PROFESSIONAL AFFILIATIONS:

National Academy of Arbitrators
American Arbitration Association
Federal Mediation and Conciliation Service
National Mediation Board **

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Have arbitrated for the past twenty years, the last ten years on a full-time basis. In my twenty years of experience, I have handled most issues and/or grievances.

MEDIATION & FACT FINDING EXPERIENCE:

Twenty years experience mediating and fact finding various disputes both in public and private employment.

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

** New York Mediation Board
New York State Bar Association - Labor and Employment Law Section
Special Dispute Panel for Human Rights Cases

PER DIEM FEE: \$1,800

ADJOURNMENT FEE: Full per diem unless 30
calendar days notice is provided

SIGNED AND SUBMITTED BY ARBITRATOR RINALDO ON NOVEMBER 25, 2013

Public Employment Relations Board
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BILLING DISCLOSURE STATEMENT

ARBITRATOR'S NAME: THOMAS N RINALDO

The following is a description of my fees and expenses:

A) HEARING TIME.

(1) My per diem is \$1,800 for each day or any part thereof spent hearing a case.

(2) If a hearing day exceeds 6 hours, I charge:

X a second full per diem _____ a prorated per diem

_____ no additional charge _____ other (describe)

(3) Additional comments:

B) STUDY TIME.

(1) I charge \$1,800 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:

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

X I charge as follows (describe): HALF PER DIEM RATE IN ADDITION TO LODGING AND SUBSISTENCE.

(4) Additional Comments:

D) POSTPONEMENT OR CANCELLATION FEES.

A fee of **\$1,800** will be charged unless I receive notice of a postponement or cancellation:

_____ within _____ calendar days of the scheduled hearing date

X other (describe): UNLESS 30 CALENDAR DAYS NOTICE IS PROVIDED

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

- Docketing (describe): _____ Yes No
- Duplication Yes No
- Fax Yes No
- Finance or late payment charge (describe): _____ Yes No
- Postage Yes No
- Secretarial Yes No
- Telephone Yes 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.