

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

**RESUME OF PANEL ARBITRATOR**

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MARGARET SIPSER LEIBOWITZ

Occupation: PROFESSOR

NEW YORK, NY 10024

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**EDUCATION:**

J.D., NEW YORK UNIVERSITY SCHOOL OF LAW

**PROFESSIONAL AFFILIATIONS:**

Member, American Arbitration Association; New York State Bar Association, Labor and Employment Law Section

**ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:**

AAA, NJSBM, OCB Panels; Westchester County and COBA; UPS and IBT, Local 177; Issues involving discipline, discharge and contract interpretation in public, private and federal sectors.

**MEDIATION & FACT FINDING EXPERIENCE:**

NYS PERB and NJ PERC cases involving schools, counties and municipalities.

**OTHER RELEVANT OR EQUIVALENT EXPERIENCE:**

Adjunct Professor, Baruch Business School, Fordham Law School and New York Law School; formerly, Visiting Professor, Wayne State University School of Law; Administrative Law Judge, New York State Division of Human Rights.

**PER DIEM FEE:** \$1,500

**ADJOURNMENT FEE:** \$1,500, If less  
than 14 calendar days notice

**SIGNED AND SUBMITTED BY ARBITRATOR LEIBOWITZ ON SEPTEMBER 17, 2010**

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BILLING DISCLOSURE STATEMENT

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ARBITRATOR'S NAME: MARGARET S LEIBOWITZ

The following is a description of my fees and expenses:

A) HEARING TIME.

(1) My per diem is \$1,500 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 \$1,500 for each day spent in preparation of the opinion and award.

(2) This charge X will \_\_\_ 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 **\$1,500** will be charged unless I receive notice of a postponement or cancellation:

\_\_\_\_\_ within **14** calendar days of the scheduled hearing date

\_\_\_\_\_ other (describe):

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.**