

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

RESUME OF PANEL ARBITRATOR

RICHARD M GABA, ESQ.

Occupation: ARBITR/MEDIATOR

New York, NY 10128

EDUCATION:

B.S. ECONOMICS - WHARTON SCHOOL UNIVERSITY OF PENNSYLVANIA
LLB - NEW YORK UNIVERSITY LAW SCHOOL
LLM IN LABOR LAW - NEW YORK UNIVERSITY LAW SCHOOL

PROFESSIONAL AFFILIATIONS:

National Academy of Arbitrators
New York State Bar Association
Nassau and Columbia County Bar Associations
LERA
SFLERP

ARBITRATION EXPERIENCE & TYPES OF ISSUES OR GRIEVANCES DISPOSED OF:

Engages in labor relations practice from 1956 – 1997. Full time arbitrator since 1997. Dealt with issues: absenteeism, arbitrability, bargaining unit work, discipline and discharge, off duty conduct, disability, sex, race, age and gender discrimination, contract interpretation, seniority, layoffs, rehiring, transfers, assignments, health and safety, fringe benefits.

MEDIATION & FACT FINDING EXPERIENCE:

Engaged in numerous mediations related to collective bargaining.

OTHER RELEVANT OR EQUIVALENT EXPERIENCE:

PER DIEM FEE: \$1,500

ADJOURNMENT FEE: \$1,500 unless 2 weeks notice given

SIGNED AND SUBMITTED BY ARBITRATOR GABA ON OCTOBER 28, 2014

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BILLING DISCLOSURE STATEMENT

ARBITRATOR'S NAME: RICHARD M GABA, ESQ.

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 7 hours, I charge:

_____ a second full per diem X a prorated per diem

_____ 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 _____ will X will not be prorated for partial days devoted to such preparation.

(3) Additional comments: STUDY AND WRITING DAYS WILL NOT EXCEED NUMBER OF HEARING DAYS.

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 if notice of a postponement or cancellation occurs:

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): I CHARGE FOR OVERNIGHT, UPS, FED EX, ETC. WHERE PARTIES REQUEST IT.

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): Unless otherwise agreed the party requesting a postponement will be responsible for the fee.

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.