

NEW YORK STATE PUBLIC EMPLOYMENT RELATIONS BOARD  
PO BOX 2074, ESP AGENCY BLDG 2, FLS 18 & 20  
ALBANY, NEW YORK 12220-0074

**GRIEVANCE ARBITRATION REPORT FORM**

ARBITRATOR: \_\_\_\_\_ CASE NO: \_\_\_\_\_

DATE DESIGNATED: \_\_\_\_\_ DATE HEARING CLOSED: \_\_\_\_\_  
DATE OF AWARD, IF ANY: \_\_\_\_\_

Employer \_\_\_\_\_ Labor/Employee Organization (or Individual Grievant) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

**1. ISSUE**

- A. Issue(s) determined by award: \_\_\_\_\_  
\_\_\_\_\_
- B. Was arbitrability of the grievance involved? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, check one or both: \_\_\_\_\_ Procedural \_\_\_\_\_ Substantive

**2. HEARING**

- A. Location of hearing: \_\_\_\_\_
- B. Date(s) of Hearing(s): \_\_\_\_\_
- C. If stenographic record was taken, at whose request?  
Employer..... \_\_\_\_\_  
Labor/Employee Organization.... \_\_\_\_\_  
Arbitrator..... \_\_\_\_\_
- D. Were briefs filed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**3. DISPOSITION**

- A. By award..... \_\_\_\_\_
- B. Withdrawn..... \_\_\_\_\_
- C. Voluntary settlement:  
Before hearing..... \_\_\_\_\_  
During hearing..... \_\_\_\_\_  
After hearing..... \_\_\_\_\_

**4. STATISTICAL SUMMARY**

- A. No. of hearing days..... \_\_\_\_\_
- B. No. days study and preparation.... \_\_\_\_\_
- C. Other (specify)..... \_\_\_\_\_
- D. Total No. of days..... \_\_\_\_\_

**5. COMPENSATION AND EXPENSES**

- A. \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(total # days) (per diem fee)
- B. Expenses ..... \_\_\_\_\_
- C. Total payable for services  
as arbitrator ..... \$ \_\_\_\_\_

Payable by Employer..... \_\_\_\_\_  
Payable by Employee Organization..... \_\_\_\_\_

DATE

ARBITRATOR SIGNATURE

Please return this form to Kimberly Sanderl, Arbitration Panel Administrator,  
via electronic mail only, to [KSANDERL@perb.ny.gov](mailto:KSANDERL@perb.ny.gov).